



Policy for Supporting Pupils with Medical Conditions and Intimate Care

Policy rewritten October 2025 – Review date October 2026

Part 1: Supporting Pupils with Medical Conditions

1. Aims

At **Bradford Christian School** we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening. Our school will support pupils with medical conditions so that they have **full access to education**, including school trips and physical education, and are not discriminated against. This policy aims to:

- Ensure that pupils, staff, and parents/carers understand how our school will support pupils with medical conditions.
- Set out the roles and responsibilities for everyone in the school community.
- Set out the procedure for creating, reviewing, and managing **Individual Healthcare Plans (IHPs)**.
- Set out how we will manage medicines in school.
- Establish clear, dignified, and safe procedures for **Intimate Care**.
- Reassure parents/carers that the school will help their child feel safe, supported, and included.

The named person with overall responsibility for implementing this policy is **Cath Kershaw**

2. Legislation and Statutory Responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014**. It is also based on the statutory guidance on "**Supporting pupils at school with medical conditions**" from the Department for Education (DfE) and the statutory safeguarding guidance "**Keeping Children Safe in Education**". We also adhere to the requirements of the **Early Years Foundation Stage (EYFS) statutory framework**.

3. Roles and Responsibilities (Medical)

3.1 The Senior Leadership Team

The senior leadership team has ultimate responsibility for making arrangements to support pupils with medical conditions. They will review and approve this policy, and monitor practice and staff training. The day-to-day implementation is delegated to **Cath Kershaw (SENCo)**.

3.2 The SENCo

The SENCo will:

- Ensure all staff are aware of this policy and understand their role.
- Ensure there is a **sufficient number of trained staff** to implement IHPs.
- Take overall responsibility for the development and monitoring of IHPs.
- Ensure staff are appropriately **insured**.
- Approve risk assessments for school visits.
- Liaise with the school nursing service.
- Ensure systems are in place for obtaining and updating medical information.

3.3 Staff

Any member of staff may be asked to provide medical support or intimate care. Those who take on this responsibility will receive **sufficient and suitable training**. All staff must know what to do in an emergency.

3.4 Parents/Carers

Parents/carers will:

- Provide sufficient and **up-to-date information** about their child's medical and intimate care needs.
- Provide written permission and, where necessary, appropriate prescription/supplies.
- Be involved in the development and review of the IHP and/or Intimate Care Plan.
- Ensure they or another nominated adult are **contactable at all times**.

3.5 Pupils

Pupils should be **fully involved in discussions** about their support needs and contribute as much as possible to the development of their plans, subject to their age and understanding.

3.6 Healthcare Professionals

School nurses and other healthcare professionals will notify the school of pupils needing support, provide advice, and may support staff to implement plans and provide or commission training.

4. Equal Opportunities and Inclusion

The school will adhere to the **Equality Act 2010** and will not unlawfully discriminate. We will actively support pupils with medical conditions and intimate care needs to **participate fully** in all aspects of school life. **Reasonable adjustments** will be considered, and **Risk Assessments** carried out for relevant activities.

5. Planning

5.1 Individual Healthcare Plans (IHPs)

The **SENCo** has overall responsibility for IHPs, which will be reviewed at least **annually**. IHPs will be drawn up in partnership with the school, parents/carers, and a relevant healthcare professional. IHPs will set out: the medical condition, specific needs (including medication and treatments), required support level, who will provide support and their training, emergency procedures, and confidentiality arrangements.

Part 2: Intimate Care Policy and Procedures

6. Aims of Intimate Care

Intimate care refers to any care that involves toileting, washing, changing, touching, or carrying out an invasive procedure to children's intimate personal areas. This section aims to:

- Ensure intimate care is carried out properly by staff, in line with agreed plans.
- Safeguard the **dignity, privacy, rights, and wellbeing** of every child.
- Ensure staff carrying out intimate care are appropriately trained and protected.

7. Intimate Care Planning and Consent

7.1 Seeking Parental Permission

For children who need routine intimate care (e.g., nappy changes, toileting accidents), parents/carers will be asked to sign a **consent form** and provide an adequate supply of necessary items (e.g., nappies, wipes).

7.2 Creating an Intimate Care Plan

For children whose needs are more complex or specific, an **Intimate Care Plan** will be created in discussion between the school, parents/carers, the child (where possible), and any relevant health professionals. The plan will be reviewed at least **twice a year** and updated whenever there are changes to a pupil's needs. **[See Appendix 2 for a template plan.]**

- The plan will take into account the **child's dignity and preferences** (subject to age and understanding).
- Where permission is not in place and an intimate care procedure urgently needs to be carried out for the child's comfort, the procedure will be performed, and parents/carers will be informed afterwards.

8. Intimate Care Procedures

8.1 Staffing and Privacy

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

- In general, **one member of staff** will be present with each child, except where two members are needed for safe handling or to use equipment (e.g., a hoist), or where there is a known risk of false allegations.
- Where possible, the same member of staff will assist the same pupil for continuity of care. We will train 2-3 backup staff.
- Male members of staff may be allocated to change female pupils or vice versa, but this decision will be **discussed with parents/carers and the pupil**, if appropriate, and reflected in the Intimate Care Plan.

- Staff will inform a colleague of their whereabouts before beginning the procedure. Doors should be left open as much as privacy allows, or staff should be within earshot of others.

8.2 Arrangements and Hygiene

Procedures will be carried out in the designated disabled toilet. Staff will be provided with necessary equipment, including **protective gloves, cleaning supplies, and disposable aprons**. Soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

All instances of intimate care will be recorded on MIS

8.3 Management of Menstrual Care

All staff will be sensitive to the need for discretion regarding menstruation. The school will offer sensitive and practical information to pupils about where to access sanitary products. Period products available to pupils can be found **in the kitchen and Mrs Walker's office**. Staff will **not directly assist** with the physical act of changing sanitary products unless specifically requested by the child and agreed in an individual care plan due to specific needs.

8.4 Concerns about Safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g., marks, bruises, soreness), they will report this immediately using the school's **safeguarding procedures** to the **Designated Safeguarding Lead (DSL)**.

- If a child is hurt accidentally or there is an issue during the procedure, the staff member will report the incident immediately to **DSL**.
- If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff, and the allegation will be investigated according to the school's safeguarding procedures.
- If there is an increasing pattern of soiling incidents, the school will first meet with parents/carers and medical professionals to discuss the cause. If the pattern continues or there is other evidence of concern, the DSL will be notified and may contact the **Local Authority Designated Officer (LADO)**.

Part 3: General Procedures (Medical and Care)

9. Managing Medicines (Detailed)

Prescription and non-prescription medicines will only be administered at school when it is detrimental to the pupil's health or attendance not to do so, and with written consent. The person administering the medicine will keep a written record. **Storage and Access:** Medicines and devices such as asthma inhalers, blood glucose testing meters, and adrenaline pens will always be **readily available** to pupils and not locked away. **Controlled Drugs:** Controlled drugs are kept in a secure cupboard and a record of any doses used and the amount held will be maintained. **Pupils Managing Own Needs:** Competent pupils will be encouraged to carry their own medicines, reflected in their IHP.

10. Emergency Procedures

Staff will follow the school's normal emergency procedures (calling **999**). All IHPs will clearly set out what constitutes an emergency and what to do. If a pupil needs to be taken to hospital, staff will **stay with the pupil until the parent/carer arrives**.

11. Training

Staff responsible for supporting pupils with medical needs and intimate care will receive **suitable and sufficient training** led by healthcare professionals where appropriate, and training will be kept up to date. This includes safeguarding training and, where necessary, manual handling training.

12. Record Keeping, Liability, Complaints, and Monitoring

Record Keeping: Written records of all medicine administered and all intimate care instances will be kept. IHPs and Intimate Care Plans are kept in a readily-accessible and secure place. **Liability and Indemnity:** The governing board will ensure that the appropriate level of **insurance** is in place and appropriately reflects the school's level of risk. **Complaints:** Complaints should be made **in accordance with the complaints policy** in the first instance, and escalated to the formal complaints procedure if unresolved.

13. Version Control

Date of Adoption of this Policy	21 October 2025
Date of last review of this policy	October 2024
Date of next review of this policy	November 2026
Policy Owner (SLT)	Cath Kershaw

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

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

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

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

Date for review:

Toileting plan

Record of discussion with parents/carers

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

Signed: Parent: Key member of staff:	Review date:
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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.....

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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.