

# TEACH TRUST – MEDICAL AND FIRST AID POLICY



# MEDICAL AND FIRST AID IN SCHOOL

## Statement of Intent

Our vision is to promote a love of learning in order to maximise the life chances of every child in our Trust. Through nurturing, high expectations and skilled teaching, we will have a lasting and positive impact on our local and wider community.

Under the Equality Act 2010 and the Public Sector Equality Act which came into force in April 2011, the Trust has due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

All our Trust schools are gold level Rights' Respecting schools. By becoming Rights' Respecting schools, we have adopted a coherent values framework which shapes the ethos and curriculum of the school. In our learning, teaching, action and word, we recognise and support the rights of all children, and celebrate diversity. This, and our core values of: trust, excellence, aspiration, collaboration and honesty, underpin our educational provision. This enables us to improve self-esteem, enhance moral and academic development, improve relationships and behaviour, eliminate prejudice, and develop global citizenship.

## RATIONALE

Section 100 of the Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils at their school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. TEACH Trust Medical and First Aid policy also reflects the Department for Education guidance from 'Supporting Pupils at School with Medical Conditions' (December 2015), First Aid for Schools (February 2014), the Statutory Framework for the Early Years Foundation Stage (June 2021) and Public Health England South West's Infection, Prevention and Control: Spotty Book 2016-2019.

The Board of Trustees and Executive Head Teacher accept their responsibility under the Health and Safety (First Aid) regulations 1981 and First Aid at Work published by Health and Safety Executive (HSE) 2013 and acknowledge the importance of providing First Aid for employees, children, trainees and visitors within the Trust. They are also committed to the regulatory authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013.

## AIMS AND RESPONSIBILITIES

### Medical Care

The school aims to:

- Assist parent(s)/carer(s) in providing medical care for their children.
- Educate staff and children in respect of special medical needs.
- Arrange training for staff volunteering to support individual pupils.
- Liaise as necessary with medical services in support of the individual pupil.
- Ensure pupils access to full education if possible.
- Monitor and keep appropriate records.
- Undertake risk assessments and complete Personal Evacuation Plans, when required.

### First Aid

The Trust's arrangements for carrying out the policy include nine key principles:

- Place individual duties on all employees.
- To report, record and where appropriate investigate all accidents.
- Record all occasions when first aid is administered to employees, trainees, pupils and visitors.
- Provide equipment and materials to carry out first aid treatment.
- Make arrangements to provide training to employees, maintain a record of that training and review annually.
- Establish a procedure for managing accidents in school that require First Aid treatment.
- Provide information to employees on the arrangements for First Aid.
- Undertake a risk assessment of the first aid requirements of the school.

## **MEDICAL/FIRST AID RISK ASSESSMENT**

### **Location of schools:**

Teach Trust schools are single storey buildings except Canford Heath Junior School which is double storey. The schools encompass various classrooms, specialist rooms, hall/gym and office accommodation:

- Canford Heath Infant School is situated in Learoyd Road, Canford Heath.
- Canford Heath Junior School is situated in Learoyd Road, Canford Heath.
- Ad Astra Infant School is situated in Sherbourne Crescent, Canford Heath.
- Haymoor Junior School is situated in Ashdown Close, Canford Heath.

All schools, during term time, have a Breakfast Club from 7.45am until registration time. A Buddy Club is also held in Canford Heath Infant School, for Canford Heath Infant School and Canford Heath Junior School pupils and Haymoor Junior School, for Ad Astra Infant School and Haymoor Junior School pupils from 3.00pm to 6.00pm. This provides wrap around care for pupils if required. Various after school activities/clubs are held on the site, these usually finish by 4.30pm.

### **Location of Medical/First Aid Room:**

- Canford Heath Infant School- The Medical/First Aid room is located outside the main hall next to the Pastoral Care Office and opposite the accessible toilet.
- Canford Heath Junior School- The Medical/First Aid room is located outside the main hall next to the Pastoral Care Office, close to the Staff toilet.
- Ad Astra Infant School- The Medical/First Aid room is located adjacent to the Reception area and opposite an accessible toilet.
- Haymoor Junior School- The Medical/First Aid room is located adjacent to the Library next to the accessible toilet.

## **TRAINING**

Each school has a designated Medical Officer. All Medical Officers have completed the First Aid at Work training programme and the Medical Officers at Canford Heath Infant School and Ad Astra have further trained in Paediatric First Aid. Additional First Aiders have also received training and are certified in First Aid at Work and in the use of CPR. All Early Years staff are Paediatric First Aid trained. The School also provides basic knowledge to all staff in the treatment of conditions such as anaphylaxis, diabetes and asthma.

## CHILDREN WITH MEDICAL NEEDS

Some pupils have specific medical requirements (e.g. Asthma, allergies, and diabetes). It is the responsibility of the parents/carers to notify the School of any special medical needs or requirements and any changes in their child's condition or treatment. When appropriate the school will, in consultation with the parents/carers and health professionals (if necessary), complete an Individual Health Care Plan. Parents **MUST** ensure that pupils that may require Auto Adrenaline Injector or Buccalam medication to be administered within school, provide the school annually with an up to date NHS Care Plan to enable the medication to be administered.

Children with specific medical needs are highlighted to staff through Medical Folders held in class rooms, year base areas, Buddy Club and the School Office, containing copies of any Individual Health Care Plans. Class Teachers are provided with a list and details of any child in their class with a medical condition. Pictures of children with acute allergies/high risk medical conditions are displayed in each classroom or year base area, Staffroom, School Office, Kitchen and Breakfast room.

Pupils with very high risk or complex medical conditions (including allergies and epilepsy) that require immediate medical attention by the School Medical Officer are required to wear a RED wristband within school at all times. This ensures that we, and other people who may not know your child as well as existing staff, for example, non-teaching and supply staff, are always alert to their needs. RED wristbands are provided by the school daily to 'red alert' pupils by the Class Teacher at the commencement of the school day. They are then collected in by the Class Teacher at the end of the school day.

Individual Healthcare Plans are reviewed as needs change throughout the year or annually. If a child has special educational needs this is noted on the Individual Healthcare Plan alongside their medical needs. Children's use of medication will be monitored alongside their Individual Healthcare Plan and parents/carers consulted if usage exceeds stated dosage on the Individual Healthcare Plan. Parents need to ensure they, or another nominated adult, are contactable at all times.

The list of Auto Adrenaline Injector and Buccolam Injector trained staff and staff trained for specific medical needs is located in each year base area, the Medical/First Aid Room and in the School Office.

The attention of all staff is drawn to the Schools Control of Substances Hazardous to Health (COSHH) policy, procedure and register. A copy is held in each school Site Office and in a Staff folder in each school Staff Room. The COSHH Policy provides information on appropriate risk assessments and treatment when necessary.

## MEDICAL/FIRST AID PROCEDURES

### **On School Premises:**

- Pupils taken ill and/or injured are referred to the school's Medical Officer for treatment.\*
- **Parents/carers of Early Years children MUST be informed of ANY accident or injury sustained by the child on the same day, or as soon as reasonably practicable after, and of any first aid treatment given.**
- In the event of a life-threatening/serious injury or illness, dial 999 for ambulance, and then contact the pupil's parent/carer.
- If injury or illness does not permit movement, the Medical Officer must be immediately contacted on:

**Ext 200 at Canford Heath Infant School**

**Ext 302 at Canford Heath Junior School,**

#### **Ext 101 at Ad Astra Infant School**

#### **Ext 404 at Haymoor Junior School**

or via the School Office in each school.

- If the injury or illness allows, the pupil **MUST** be escorted by a 'responsible person' to the Medical/First Aid Room for treatment.
- All treatment and dispensing of medication **MUST** be recorded. All accidents, incidents and illness must be recorded in the uniquely numbered Accident, Incident and Illness Registers. Parents are informed when an accident or illness occurs in school. In the event of a staff accident or a serious pupil accident, where a pupil is referred/taken to hospital, the matter should be reported to the Head of School, an Accident/Incident/near Miss Reporting Form completed and information uploaded on Handsam Health and Safety system.

***\*Minor injuries such as small cuts or abrasions may be triaged and treated in the classroom areas or at break/lunchtime in the playground, by a member of school staff.***

Children can only be allowed to return home from school when the authority has been given by the Year Group Leader or a senior member of staff above Year Group Leader.

#### **Off site activities:**

- A Risk Assessment **MUST** be completed prior to the activity taking place.
- First Aid Kit/s must be ordered from the Medical Officer at least 24hrs in advance with details of activity - For example, number of pupils, type of activity, length of stay, special requirements, so that adequate provision can be made. Kits must be returned immediately after use and any accidents reported in the Accident, Incident and Illness Register.
- Details of pupils with Individual Health Care needs, including inhaler and Auto Adrenaline Injector requirements, must accompany staff off site and are provided by the Medical Officer to staff with the First Aid Kit and necessary medication.
- In any life threatening situation or when injury or illness does not permit movement by staff Dial 999.
- Contact parent(s)/carer(s).
- Administer first aid. Telephone school office if assistance is required.
- Report any accidents to the school's Medical Officer and/or Estates Manager on your return.

#### **SICKNESS AND/OR DIARRHOEA**

Children are required to attend school when they are well enough to do so.

Children who experience sickness which is unrelated to a sickness/diarrhoea bug or virus, for example, sickness due to high temperature, migraine, coughing/croup, asthma, food allergy, IBS, sun stroke and the like, **DO NOT NEED TO REMAIN ABSENT FROM SCHOOL FOR 48 HOURS**. After they have been sick or have diarrhoea, they can return to school the following day.

However, it is recommended to ensure infection control, that **children who clearly have a sickness/diarrhoea bug or virus will need to remain at home for 48 hours** after the last episode of sickness/diarrhoea. Parents may contact the School Medical Officer for advice on their situation. The Medical Officer may also contact parents to offer guidance and support.

## HEAD INJURIES

All head 'bumps' or injuries are recorded in the Accident, Incident and Illness Register and the class teacher is informed to be vigilant during the remainder of the school day. A form is sent home to parent(s)/carer(s) to inform them. The Medical Officer will also contact the parents/carers by phone to advise them when a 'concerning' head 'bump'/injury has occurred and to monitor the child when they return home. Parents may be requested to collect their child from school.

## LOCATION OF MEDICAL/FIRST AID EQUIPMENT

The Medical/First Aid Room houses the main first aid equipment as well as the additional First Aid kits used on external activities. An Accident, Incident and Illness Register is located in the Medical/First Aid Room as well as at break/lunchtime triaging points, Buddy Club and at off site activities. The Medical/First Aid Room provides safe, but accessible, storage for some pupil's specific medical equipment, i.e. blood glucose testing meters, Auto Adrenaline Injectors, Buccolam Injectors, as well as individual pupil's Medical Books. Controlled drugs are securely stored in a non-portable container with only named staff access, such as the school safe.

With parent/carer consent, children are encouraged to self-administer medication and procedures under adult supervision, if this is practicable for the child. Asthma inhalers are located in the classroom or year base area and pupils with asthma know where their inhaler is stored in the clearly labelled class Asthma Inhaler Medical Box. All individual pupil's medical equipment, including asthma inhalers in the classroom, is stored in individual containers or clear bags, clearly labelled with the child's name, class, a copy of the child's Individual Healthcare Plan and a record of usage and when administered. Records are also maintained for expiry dates of medication and are regularly monitored.

First aid Kits are located in:

- **Canford Heath Infant School**- the Medical/First Aid Room, each year base area and the Breakfast Room/Buddy Club.
- **Canford Heath Junior School**- the Medical/First Aid Room, each year base area, Food Technology Room and the Sanctuary.
- **Ad Astra Infant School**- the Medical/First Aid Room, Year Group areas and the Breakfast Room.
- **Haymoor Junior School**- the Medical/First Aid Room, the School Office, the year base areas, Buddy Club and the Food Technology Room.

A First Aid Kit always accompanies the School Minibus when it is in operation.

Whilst there is currently no mandatory list of requirements for a First Aid kit, it is recommended, based on current HSE guidelines, all first aid kits should contain a minimum of:

- Leaflet of basic lifesaving procedures
- 20 individually wrapped assorted plasters
- 2 sterile eye pads
- 1 medium sterile dressing
- 1 large sterile dressing
- 4 triangle bandage
- 1 pair disposable gloves
- 6 safety pins
- 6 Antiseptic wipes

- 1 pair scissors
- 1 contents checklist

All first aid kits are checked by the Medical Officer on a 4 weekly basis with the process recorded on Handsam Health and Safety reporting system. It is the responsibility of **ALL** users to ensure that the first aid kits are re-stocked immediately after use.

### **ADMINISTERING OF MEDICINES**

Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so. Wherever possible medicines should be prescribed in dose frequencies which enables them to be taken outside school hours. The school has a separate policy for the administering medicines detailed in **APPENDIX 1** of this document.

### **ADMINISTERING EMERGENCY MEDICATION**

TEACH schools will administer emergency medication, such as painkillers, to pupils, in very exceptional circumstances, with parent/carer consent. Emergency Asthma Inhalers and Auto Adrenaline Injectors are held in all TEACH schools for those pupils that have an identified medical need that may require the administering of emergency medication. Parental/carer Consent is obtained, in advance, for those identified pupils. TEACH are also required to obtain, in advance, consent from the child's prescribing Consultant for emergency Auto Adrenaline Injectors and Buccolam Injectors to be administered.

### **MANAGEMENT OF BODILY WASTE**

The management of any bodily fluid (e.g. sputum, vomit, faeces, urine or blood) **MUST** be undertaken immediately. **CLEANING UP OF THESE FLUIDS SHOULD NOT BE DELAYED WAITING FOR A CARETAKER.** Bio-hazard kits are located in the all classrooms/year base areas and Medical/First Aid Room. The kit must be replenished as soon as it has been used.

A separate policy for dealing with bodily waste is detailed in **APPENDIX 2** of this document.

### **INTIMATE CARE**

Children may require support and assistance with their intimate care while in school. This may be due to their medical or developmental needs. The school has a separate policy for intimate care and is detailed in **APPENDIX 3.**

### **PROCEDURE FOR ACCOMPANYING PUPILS TO HOSPITAL**

**Emergency-Minor Incidents:** Parent(s)/carer(s) should be contacted by the Medical Officer or School Office and asked to escort their child to casualty. If parent(s)/carer(s) are unavailable, then the child must be accompanied to hospital by a member of staff.

**Emergency/ Serious injury or illness:** Parent(s)/carer(s) will be contacted as soon as possible to inform them of the incident. The Medical Officer or another member of staff must accompany the child to hospital until the parent(s)/carer(s) arrive.

Where appropriate, TEACH Accident/Incident/Near Miss Reporting Form must be completed, Handsam Health and Safety reporting system updated and the incident **MUST** be reported to RIDDOR. See section on **The Health and Safety Executive** below.

### **DISPOSAL OF SHARPS**

Where pupil's medical needs are such that sharps are used, they should be disposed of using the appropriate container located in the Medical/First Aid Room. Medical waste should be disposed of using the hygiene bin in the following locations:

- **Canford Heath Infant School**- in the Medical/First Aid room and the Early Years Changing Room.
- **Canford Heath Junior School**- in the Medical/First Aid Room.
- **Ad Astra Infant School**- in the Medical/First Aid Room and the Early Years Changing room.
- **Haymoor Junior School**- in the Medical/First Aid Room.

### **EVENING AND NIGHT TIME COVER**

Medical/First Aid provision and equipment will be made available in the event of a school arranged evening or night-time activity.

In the event of an external provider of an activity, the Hirer must ensure that they make adequate provision for Medical/First Aid support.

### **SUNCREAM**

Sun cream will not be applied by school staff. If required, sun cream must be applied by parent(s)/carer(s) prior to the child attending school.

### **NITS**

If a pupil is identified as having a significant infestation while in school, the Medical Officer will be informed. A parent will be contacted by the Medical Officer and asked to collect the child, take them home for treatment and then bring the pupil back to school. If a parent/carer contacts the school in the morning and advises that their child has nits, the child must be treated at home and then return to school. If it is noticed in school that a child is scratching, and does not have a significant infestation, then a parent/carer will be informed by the Class Teacher, the Medical Officer or the Pastoral Care Worker that their child may have nits and that they recommend the child is treated for nits that night and is expected in school the following day as normal.

In very severe cases, the Medical Officer may request the support from School Nursing Service or TEACH Home Academy Liaison Officer.

### **EMERGENCY EVACUATION**

A First Aid kit, appropriate hi-viz jacket and Medical Mobile Phone must be collected by the Medical Officer and taken to the emergency assembly point during all evacuations. Children with specific health needs have a Personal Emergency Evacuation Plan in place.

### **THE HEALTH AND SAFETY EXECUTIVE (HSE)**

The Trust complies with all regulations connected to Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting is completed by the Executive Headteacher or the Head of School. **Incidents MUST BE reported to RIDDOR where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. Incidents DO NOT need to be reported to RIDDOR where pupils are taken to hospital purely as a precaution, when no injury is apparent. Incidents that occur in the playground are only reportable to RIDDOR where the injury results in a pupil being killed or taken directly to a hospital for treatment for an apparent injury.** RIDDOR must also be informed of dangerous occurrences, work related accidents to employees and self-employed people resulting in fatal or a reportable specified injury, accidents which prevent the injured person from continuing their normal work for more than seven days and reportable occupational diseases. All RIDDOR reportable incidents MUST BE reported to the Executive Head Teacher, TEACH Health and Safety Co-ordinator and the Safety Executive (HSE). The nearest HSE local office is at 14 New Fields, Stinsford Road, Nuffield Industrial Estate, Poole, Dorset BH17 0NF. Tel: 01342 334200.

## APPENDIX 1

### ADMINISTERING MEDICINES

We aim to ensure that all children attend school whenever they could possibly do so. We wish to provide for children who require medication to fully participate in education and seek to ensure that no child receives less than their entitlement due to their medical conditions. We now support children through administering both prescribed and non-prescribed medication, in school hours, if you grant us permission to do so. We also seek to ensure that school staff are not placed in vulnerable positions and that no harm comes to any child. There is no legal duty for staff to administer medicine, it is entirely voluntary.

**A Parental Agreement for School to Administer Medicine MUST be completed by the parent and agreed by the Head of School or School Designated Safeguarding Lead prior to medicine being administered where practicable. Verbal consent from the Head of School or School Designated Safeguarding Lead may be obtained prior to signature authorisation if necessary.**

**All medication must be delivered to, and collected by, the parent from the School Office. The school will not hand medication back to your child.**

#### Who needs medicine at school?

Children requiring medicine fall into three groups:

1. Those requiring short term provision, for example, daily Piriton during the summer for a child with acute hayfever or antibiotics when a child is recovering but needs to complete a course of treatment.
2. Those requiring acute relief from symptoms that may suddenly arise for example children with inhalers or Auto Adrenaline Injectors.
3. Children with chronic conditions whose medication regime requires intervention during the school day.

## Children in Group 1

### **Prescription Medicine:**

Parent(s)/carer(s) must complete a school Parental Agreement to Administer Medicine form. Medicines must be prescribed for the child, in the original packaging, include instructions for administration, dosage and storage. The pharmacist details must be visible. Medicines must be delivered by the parent to the School Office. **Medicines containing Asprin MUST only be administered if prescribed by a Doctor.**

### **Non-prescription medicines-such as, pain killers:**

Parent(s)/carer(s) must complete a school Parental Agreement to Administer Medicine form. Medicines must be in the original packaging labelled with the child's name and class.

### **Procedure for administering medicines:**

The school will check the packaging and the form to ensure:

- that the medicine matches the form
- that the child's name is on the medication on a pharmacy label (if applicable)
- that the child is the named child
- the dosage
- that the timing requirements are correct (e.g. before or after food)
- the medicine can be stored appropriately in school

If the dose is a measured dose and there is no calibrated spoon or container the Medical Officer will seek advice from the parent. Once the medicine has been provided to the child a record of the, medicine, dosage and time **MUST** be completed and the medicine stored as stated on the label.

If there is ever any doubt about the medication or the labelling is unclear, advice must always be sought from the parent. In the event that the parent cannot be contacted, advice should be sought from the Deputy Head Teacher, the Head of School or the Executive Head Teacher.

## Children in Group 2

These children require a medical planning meeting and the completion of an Individual Healthcare Plan. This sets out clearly the child's needs and what the child needs in an emergency. The plan may be supplemented by an Anaphylaxis Plan or Acute Asthma Plan or Epilepsy Plan. For all children requiring occasional emergency support one set of all emergency medication is stored in labelled boxes, in the safe but adult accessible, Medical/First Aid Room cupboard. A copy of their Individual Health Care Plan is also stored in the School Office. (Administering Medicines Policy 2014). A list of First Aiders and staff trained in administering of an Auto Adrenaline Injector or Buccolam Injector is in the Medical/First Aid Room, year base areas and the School Office and one of these people should be called.

- The School Nurse or specialist health professional gives advice and training and the plans and medication for all children are reviewed as changes in a pupils needs occurs, but at a minimum annually.

- Parents are responsible for ensuring all medication including inhalers, Auto Adrenaline Injectors, Buccolam Injectors, diabetic medicine are within date. The Medical Officer will check medication in school monthly and contact the parent if the date has expired. Out of date medication will not be administered to a child.
- Pictures of children with high risk medical needs, such as, acute allergies are in the Medical/First Aid Room, year base areas and School Office with a list of triggers. Staff are all informed of the children in this group. All high risk children wear a red wristband within school. The school will always seek additional medical advice if there is any doubt.
- Parents need to collect all medication the child no longer needs from the School Office. Pupils will not be allowed to take their own medication home.

### **Children in Group 3**

These children also require a medical planning meeting and the completion of an Individual Healthcare Plan. The aim with this group is to support them in becoming as independent as possible in managing their medication on a long-term basis. This will be best achieved by the smallest possible group of adults being involved and a routine being established. Other children do not need to know about the child's condition and as much privacy as possible will be provided. The Medical Officer will be the Lead Adult supporting the child with their medical needs.

## **APPENDIX 2**

### **PROCEDURE FOR THE MANAGEMENT OF BODILY WASTE**

Bio-hazard kits have been provided in all classrooms/year base areas and the Medical/First Aid Room and should be used immediately. **CLEANING UP OF BODILY WASTE SHOULD NOT BE DELAYED WAITING FOR A MEMBER OF THE SITE TEAM.** Failure to do so may result in the rapid spread of virulent viruses such as a Noro-virus. The protective equipment provided must also be worn at all times.

Once used the kit must be replenished, additional supplies are available from the School Medical Officer.

Each bio-hazard kit consists of the following:

Paper towels/roll  
 2x pairs of gloves  
 2x plastic aprons  
 2x Face masks  
 2x Bio hazard bags  
 2x Protective glasses  
 1x bottle of disinfecting/deodorising solution  
 1x scraper  
 1x scoop  
 2x Biohazard bag

If blood or body fluids are spilled on surfaces, the following cleaning procedures should be used:

- Deal with the spill **immediately**. *Allowing it to stand is the one of the quickest ways of allowing germs to spread.*
- Protect yourself by wearing the Personal Protective Equipment (PPE) provided (disposable rubber gloves, eye protection, plastic apron and face mask provided).
- Absorb as much of the spill as possible by layering the area with paper towels, overlapping the affected area at least 50cm (approx. 1 foot).
- Clean the area with detergent/deodoriser.
- The area should be left clean and dry.
- Disinfect the area/s.
- Remove and dispose of gloves, paper towel and cleaning cloth in a sealed plastic bag after use. For small spills, the plastic bag may be placed in a feminine hygiene bin. For larger instances the waste should be double bagged, using black bin liners, and immediately thrown in the large commercial waste bin (external bin store).
- Wash hands thoroughly with soap and warm water. - Antibacterial soap is available in all staff toilets.

## APPENDIX 3

### INTIMATE CARE POLICY

#### 1) Principles

1.1 This policy has been developed in accordance with the TEACH schools safeguarding policy and with the principles established by the Children and Families Act 2014 and the Children's Acts 1989 and 2004; the Education Act 2011 and 2002 and in line with key government publications:

'Keeping Children Safe in Education' – 2020  
 'Working Together to Safeguard Children' – 2019  
 'Supervision of Activity with Children' – 2012

It also reflects guidance from:

'Guidance for Safer Working Practices for Adults who work with Children and Young People in Educational Settings' – 2019  
 'What to do if You are Worried a Child is Being Abused' – 2015

1.2 This Intimate Care Policy should be read in conjunction with TEACH policies as below (or similarly named):

Child Protection and Safeguarding Policy  
 Staff Code of Conduct and guidance on Safer Working Practice  
 'Whistle-blowing' and allegations management policy  
 Health and safety policies and procedures  
 Special Educational Needs policy  
 Medical/First Aid policy

1.3 TEACH takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.4 The Trust Board recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.5 The Trust Board is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals where necessary to share information and provide continuity of care.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2) Rights Respecting principles of intimate care**

We follow the United Nations Convention on the Rights of the Child (UNCRC) and with this policy pay particular regard to the following rights:

Article 3; The best interests of the child must be a top priority in all decisions and actions that affect children.

Article 12; Every child has the right to express their views, feelings and wishes in all manners affecting them, and to have their views considered and taken seriously.

Article 13; Every child must be free to express their thoughts and opinions.

Article 16; Every child has the right to privacy.

## **3) Definition**

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

#### 4) Best Practice

4.1 Pupils who require regular assistance with intimate care will have either a written Individual Education Plan, Individual Health Care Plan or Intimate Care Plan (or a combination of these) that are agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff, and the pupil should also be present wherever possible/appropriate. Any historical concerns (i.e. history of safeguarding concerns) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where an Individual Healthcare Plan or Individual Education Plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone, face to face communication. In the infant schools a wet change may be communicated by a 'wet change slip'.

4.4 In relation to record keeping, a written record should be kept each time a child has an invasive medical procedure, e.g. support with catheter usage. Wet changes or soiling are recorded in school with full dates, times, and if relevant, any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.5 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.6 Staff who provide intimate care should be trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.7 Staff will be supported to adapt their practice in relation to the needs of individual pupils and to take into account developmental changes such as the onset of puberty and menstruation.

4.8 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Adults should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages and understanding. It is best practice that permission is sought from the child before starting an intimate procedure.

4.9 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. School will need to ensure that there are adequate numbers of staff trained and willing to support with intimate care but also acknowledge that by

reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.10 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.11 The protected characteristics of children and their families should be taken into account, particularly as they might affect certain practices.

4.12 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.13 A level of confidentiality should be maintained and sensitive information will be shared only with those who need to know.

4.14 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5) Safeguarding**

5.1 TEACH's Safeguarding Procedures will be adhered to at all times.

5.2 From a safeguarding perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practices.

5.3 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.4 If a member of staff or SCITT trainee has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead, Head of School or the Executive Headteacher, these concerns can be made via the Pastoral Care Team. Concerns should be entered onto My Concern and a referral made to Children's Services Social Care if appropriate, in accordance with TEACH safeguarding procedures. Parents/carers will be asked for their consent or informed that a referral is deemed necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.5 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead, Head of School or Executive Headteacher. The matter will be investigated at an appropriate level usually by the Executive Headteacher or a Head of School and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules may be altered until the issue is investigated and resolved with the child's needs paramount. Further advice will be taken from outside agencies if necessary.

5.6 If a pupil makes an allegation against an adult working at the school or SCITT trainee this should be reported to the Executive Headteacher who will fully investigate this and following the

investigations may consult the Local Authority Designated Officer. Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Executive Headteacher or to the Chair of the Trust (if the concern is regarding the Headteacher). Allegations should be kept confidential whilst under investigation. It may be necessary to redeploy staff during any allegations investigation (please refer to the Whistle-blowing policy).

## 6) Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or Individual Healthcare Plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist/occupational therapist.

## 7) Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the Individual Health Care Plan or IEP and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

7.4 Please refer to the Administering Medicines Policy in **APPENDIX 1**.

## 8) Massage

8.1 Massage may be used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

8.2 It is recommended that direct massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils. If massage forms part of a physiotherapy programme then advice will be taken from a trained physiotherapist and consent gained from parent(s)/carer(s) and pupils (where appropriate).

## Equality Impact Assessment

Question	Response	
Which relevant groups and		Please tick

stakeholders have been consulted with in relation to this policy?	Pupils	
	Trustees	✓
	Staff	✓
	Parents/Carers	
	Local Authority	
	Trade Unions	
	Other Advisors (give details)	✓
What are the arrangements for monitoring and reviewing the actual impact of the policy?	Termly	
	Annually	✓
	When applied	
	If legislation changes	
	If a formal complaint	

<b>Characteristic Group</b>	<b>Is there a potential for positive or negative impact?</b>	<b>Please explain and give examples of any evidence/data used</b>	<b>Action to address potential positive/negative impact (e.g. adjustment to the policy)</b>
<b>Disability</b>	✓	CPD needed	CPD organised
<b>Gender reassignment</b>			
<b>Marriage or civil partnership</b>			
<b>Pregnancy and maternity</b>			
<b>Race</b>			
<b>Religion or belief</b>	✓	Gender of staff and beliefs regarding treatment	Liaise with parent/carer & external agency for solution
<b>Sexual orientation</b>			
<b>Sex (gender)</b>	✓	Gender of staff and beliefs regarding treatment	Liaise with parent/carer & external agency for solution
<b>Age</b>			
<b>SEN</b>			
<b>Vulnerable</b>			
<b>Traveller, migrant, refugees and people seeking asylum</b>			
<b>EAL</b>	✓	Understanding of IHPs	Translator. Key adult