Godstone Primary and Nursery School

Children's Care Policy

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INTIMATE CARE AND TOILETING

INTIMATE CARE AND TOILETING

Background and rationale
Godstone Primary and Nursery School (GP&NS) actively promotes the health care of each pupil and meets any intimate care needs as detailed in a Personal Care Management Plan as necessary. This policy document aims to provide clear principles and guidance on the issue of supporting intimate care needs and is modelled on the Surrey County Council document 'Intimate care and toileting policy' 2014/15. It should be considered in addition to the Surrey guidance.

An increasing number of children and young people with disabilities and medical needs are being included in mainstream and non-specialist educational settings. A significant number of these require assistance with intimate care tasks, especially toileting. Other pupils may also experience difficulties with toileting for a variety of reasons.

All of the pupils we work with have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

The Disability Discrimination Act (DDA 2005) and Equality Act 2010
The Disability Discrimination Act (DDA) provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term.

Anyone with a named condition that affects aspects of personal development must not be discriminated against. All such issues have to be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child or young person.

Aims
The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of children and young people
- To provide guidance and reassurance to staff that have responsibilities that may include intimate care
- To assure parents and carers that staff are knowledgeable about personal care and that individual concerns are taken into account
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all young people as Children

Definition of Intimate Care
'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with managing catheters, stomas or other appliances. The Surrey guidance on The Administration of Medicines is in place to support staff and children and young people where nursing tasks are required. That document makes it clear that

teaching staff should be under no obligation to provide nursing care, and the same applies to intimate care. Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Help someone use the potty or toilet
- Changing continence pads (faeces / urine)
- Bathing/showering
- Changing nappies
- Changing sanitary wear
- Cleaning, wiping and washing intimate parts of the body

Definition of Personal Care

'Personal Care' generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people

Those personal care tasks specifically identified as relevant here may include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Children may require help with eating, drinking, washing, dressing and toileting.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.

Basic Principles

Children's' intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging pupils to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

Intimate care can also take substantial amounts of time but should be as positive an experience as possible for the children and for their parents/carer(s).

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible.

The child should be encouraged to express choice and to have a positive image of their body.

Staff should bear in mind the following principles:

- Children have a right to feel safe and secure.
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for Children of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children have the right to express their views and have them heard. Schools must have complaints procedures that Children can access.
- A Child's Personal Care Management Plan should be designed to lead to independence.

Vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school Child Protection and Safeguarding Policy and procedures, with agreed procedures within this policy and with the children's own Individual Health Care Plans or/and Personal Care Management Plan.

The following are factors that increase the child or young person's vulnerability:

- Children/young people with disabilities often have less control over their lives than is normal.
- They do not always understand sex and relationship education, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance, disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.
- Intimate care may involve touching the private parts of the student's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Working with parents and carers

Establishing effective working relationships with parents/carers is a key task for all schools and is particularly necessary for children/young people with special care needs or disabilities. Parents/carers should be encouraged and empowered to work with professionals to ensure their child/young

person's needs are properly identified, understood and met.

Although they should be made welcome, and given every opportunity to explain the student's particular needs, they should not be made to feel responsible for the young person's care in school or for making teaching staff disability aware. They should be closely involved in the preparation of Individual Health Care Plans or/and Personal Care Management Plan.

Staff have a duty to remove barriers to learning and participation for children of all abilities and needs.

Plans for the provision of intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved. At GP&NS parents are asked to raise any issues with the Headteacher/SENCO.

Links with other agencies

Children and young people with special care needs or disabilities may be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children. This will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the children well-being and development remains the focus of concern.

Arrangements for ongoing liaison and support to school staff where necessary should also be formally agreed and recorded. It is good practice for schools to identify a named member of staff to co-ordinate links with other agencies for individual children. At GP&NS this is the SENCO.

Schools have a responsibility to teach toilet training and other personal care skills. For some children and young people, achieving continence will never be possible. Assistance with the management of their toileting needs should be provided sensitively to allow them continued access to the full curriculum, life in the establishment, and dignity in front of peers and staff.

Good Practice Guidance

In many schools, education and other settings, designated staff are involved on a daily basis in providing intimate/personal care to children with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical disabilities. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children and young

people who feel their bodies belong to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate/personal care needs for children and young people, and stereotypes should be challenged. Staff concerned should begin by simply asking questions about the student being supported and try to discover things about their background and experience.

It is vital that staff meet with parents/carers and the student prior to admission (where the condition exists on admission), to discuss whether an Individual Health Care Plan or Personal Care Management Plan is required and those staff most likely to be involved in providing the intimate/personal care aspects.

Examples of positive approaches to intimate/personal care which ensure a safe and comfortable experience for the student:

- Get to know the student beforehand in other contexts to gain an appreciation of their mood and systems of communication
- Have a knowledge of and respect for any cultural or religious sensitivity related to aspects of intimate care
- Speak to the student by name and ensure they are aware of the focus of the activity. Address the student in age-appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way
- Agree terminology for parts of the body and bodily functions that will be used by all staff and encourage children to use these terms
- Respect a student's preference for a particular sequence of care
- Give strong clues that enable the student to anticipate and prepare for events e.g. show the clean pad to indicate the intention to change, or the sponge/flannel for washing
- Encourage the student to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing
- Seek the student's permission before undressing if they are unable to do this unaided
- Provide facilities that afford privacy and modesty
- Keep records noting responses to intimate care and any changes of behaviour

Provide support aids to enable children to manage their own intimate health care needs as independently as possible

Practical considerations for leaders to ensure health and safety of staff and children:

- All adults assisting with intimate/personal care should be employees of the school. This aspect of their work should be reflected in the job description
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection, HIV and Infection, Whistle Blowing, Risk Assessment. Identified staff should also receive training for very specific intimate care procedures where relevant

- Where a routine procedure needs to be established, there should be an agreed Personal Care Management Plan involving discussion with school staff, parents or carers, relevant health personnel and the student. All parties should sign the plan. The plan must be reviewed on a regular basis. The school's complaints procedures should be known to all, and followed where necessary.

The Intimate Care Plan should cover:

- Facilities
- Equipment
- Staffing
- Training
- Curriculum specific needs
- School trips / outings
- Individual strategies and aids that promote independence
- Arrangements for review and monitoring of the Individual Health Care Plans or/and Personal Care Management Plan
- Details of the schools Complaints Policy and Procedures

Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children alongside protection for them and staff. It is important for each school to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons e.g., manual handling. This should be clearly stated in the Individual Health Care Plan or/and Personal Care Management Plan.

As far as possible, personal care procedures should be carried out by one person, protection being afforded to a single member of staff in the following ways:

- Personal care staff implement the strategies in the "examples of positive approaches" section outlined above
- Personal care staff notify the teacher, line manager or other member of staff, discreetly, that they are taking the student to carry out a care procedure
- A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. See relevant form in Appendix A. A decision can be made at the Individual Health Care Plan or/and Personal Care Management Plan meeting as to whether a regular record needs to be kept of routine procedures
- If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
- When staff are concerned about a student's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately

Other practical considerations for managers:

- Is a risk assessment for Moving and Handling required?
- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and student
- Facilities with hot and cold running water. Anti-bacterial hand wash should be available
- Items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves
- Special bins should be provided for the disposal of wet and soiled pads. Soiled items should be "double-bagged" before placing in the bin
- There should be special arrangements for the disposal of any contaminated waste/clinical
- materials
- Seeking advice on general continence issues through the local 0-19 Health Team. For specific conditions, the GP and/or parents/carers should be able to provide links with relevant specialists
- Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces
- Supplies of clean clothes (the student's own where possible) should be easily to hand to avoid leaving the student unattended while they are located
- Adolescent girls will need arrangements for menstruation in their plan
- Schools should have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way

Training

The requirement for staff training in the area of intimate/personal care will vary greatly and will be largely influenced by the needs of the children for whom staff have responsibility. Consideration will be given, however, to the need for training on a whole school basis and for individual staff who may be required to provide specific care for an individual student or small number of children.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school approach to personal care. Whole school training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific student. In some cases, this may involve basic physical care which might appropriately be provided by a parent or carer. Designated staff may require training in safe moving and handling, thus enabling them to feel competent and confident and ensure the safety and wellbeing of the student. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any student requiring intimate or personal care, it is recommended as good practice that this be discussed with the school nursing or health visiting service.

Managing risk

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training
- The recording of activities as necessary
- Consent being obtained from parents/ carers
- The Individual Health Care Plan or/and Personal Care Management Plan being written with, and signed by parents/carers
- The presence of two adults when required, unless the parents/carers have agreed to the presence of one adult only

Appendix 1 Personal Care Management Plan

Parent/Carer	
Name of child	
Date of birth	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact(s) and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact(s), if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Type of intimate care needed	
How often care will be given	

School Staff	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
What individual strategies and aids will promote independence	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
Child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

If parents have any concerns arising from personal care processes, please speak to the SENCO or refer to the school complaints policy.

RECORD OF PERSONAL CARE

Name of child _____ Year Group _____

Date	Time	Signature of Staff Member	Action taken

SECTION 2

SUPPORTING CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

SUPPORTING CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

The underlying principles behind this guidance

GP&NS is committed to ensuring that all children and young people receive a good education in order to maximise the learning potential of each individual. A fundamental part of our offer aims to ensure that all children and young people are given the opportunity of an inclusive education that meets their specific needs.

Children and young people who have additional health needs are, by the nature of their difficulties, at risk of failing to reach their true potential within an educational context. This is particularly the case for those children and young people whose health needs prevent them from attending school for an extended period of time, or for those who are restricted by their health needs to attending school on a part-time or sporadic basis.

This guidance aims to outline the support available for children and young people with additional health needs. This includes details of when and how alternative provision will be arranged if required, and the respective roles and responsibilities of the local authority, the school, parents/carers, providers and other agencies.

Roles and responsibilities

Schools are required by law to make arrangements for supporting pupils at their school with medical conditions.

This duty is detailed in Section 100 of the Children and Families Act 2014 and statutory guidance entitled Supporting pupils at school with medical conditions has been produced by the Department for Education in order to assist schools in understanding and complying with this legislation.

The key points detailed in the guidance indicate that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Local governing committees must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Local governing committees should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The statutory guidance also indicates that schools should develop a policy for supporting pupils with medical conditions and that there should be a named person who is responsible for the practical implementation of this policy within each school.

Legal Framework for local authorities

The Local Authority has a duty set out in Section 19 of the Education Act 1996 and in the statutory guidance, ensuring a good education for children who cannot attend school because of health needs.

The Equality Act 2010 is also an important part of the legal framework around children and young people with significant medical needs.

Role and responsibilities of the local authority

The statutory guidance is clear that there will be a wide range of circumstances where a child has a health need but may receive suitable education that meets their needs without the intervention of the local authority. For example, where the child can still attend school with some support or where the school has made arrangements to deliver suitable education outside of school for the child.

The local authority is responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision (unless the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests). This duty applies to all children and young people who live within the local authority boundaries, regardless of the type (inclusive of pupils attending academies, free schools, special schools, independent schools or maintained schools) or location (where a child is ordinarily resident in a local authority but attends school outside the county, the local authority of residence retains responsibility for arranging medical needs provision for that child) of the school they would normally attend and whether or not they are on the roll of a school.

The law does not define full-time education, but children with health needs should have provision which is equivalent to the education they would receive in school.

Named Person

It is a statutory requirement that local authorities have a named person responsible for the education of children with additional health needs. This person is called the Medical Needs Coordinator. Please see relevant local authority's website.

The Medical Needs Coordinator is responsible, in liaison with schools and professionals, for ensuring that Children's Services fulfils its statutory duties in relation to medical needs provision for children and young people who cannot attend school for medical reasons.

Parents/carers can contact the Medical Needs Coordinator in order to discuss their child's specific circumstances relating to medical needs education provision. This may be particularly appropriate in

instances where they feel their child's educational needs are not being addressed due to a medical condition or ill health.

Schools can contact the Medical Needs Coordinator in order to obtain support, advice and guidance in relation to medical needs education provision and their own statutory responsibilities in supporting children with additional health needs, both in general terms and in relation to specific cases.

The Medical Needs Coordinator will also liaise with professionals and colleagues within both health and education as appropriate in order to ensure children with additional health needs are able to access a suitable education.

Pupils who are not on a school roll

The local authority retains responsibility for supporting children who are not on roll at a school (Children Missing Education) whose health needs prevent them from accessing education.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator (for children with an Education, Health and Care Plan) or alternatively the council's Medical Needs Coordinator to discuss future educational provision.

Early Years

Local authorities will normally provide support for pupils who are between the ages of 5 and 16 (Reception Year to Year 11). However, where pupils who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will be considered on an individual basis.

Hospital in-patients

The local authority provides education for children and young people who are in-patients at in-county hospitals, as well as offering transitional support for children and young people being discharged from long stays in hospital or those who have repeat admissions.

In certain instances, particularly in the case of severe mental health needs, children may be placed in specialist residential hospitals outside of the county by the National Health Service (NHS). Many of these facilities have access to an on-site education provision or school that can offer education as part of the package of care. The council retains responsibility for the education of these children whilst they remain in hospital and upon their discharge. In advance of a proposed discharge, particularly in the instance that an alternative educational provision is being proposed, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator (for children with a Statement of Special Educational Needs or an Education, Health and Care Plan) or alternatively the council's Medical Needs Coordinator to discuss future educational provision.

Children with life limiting and terminal illness

The council will continue to provide education for as long as the child's parents and the medical staff wish it.

Pregnant Students

It is an expectation that students who are pregnant will continue to be educated at school whilst it is reasonably practical and it is in the interests of the student. Medical Needs Referrals for pregnant students will be considered on a case-by-case basis and support will generally be provided for six weeks prior to, and six weeks following, the birth of the baby. The pupil will remain on the roll of their school. If the pupil has not reached statutory school leaving age, it is expected that she will reintegrate into school. Evidence needs to be provided to the school to confirm when the baby is expected so that an appropriate Medical Needs referral can be made.

Medical Needs provision

The local authority commission its short stay schools to provide education for children that are unable to attend school because of health needs. Planning meetings will ordinarily take place within the school which submitted the referral or the child's home. Invitees should include: child, parent/carer, home school, representative from short stay school, local authority Medical Needs Coordinator. An invite should also be sent to the health professional that provided the medical advice.

Before it is agreed that teaching can take place in the home, it will be necessary to carry out appropriate risk assessments. Where a pupil is taught at home it is necessary for there to be a responsible adult in the house.

Schools can make a Medical Needs Referral for a child who cannot attend school because of health needs where it is clear that they will be away from school for 15 days or more, whether consecutive or cumulative.

Medical Needs Referral Criteria

Medical needs referrals will ordinarily be made by the school at which the child is on roll. All referrals should be sent to the council's Medical Needs Coordinator. Referrals will be considered with the following documents:

- An appropriately completed medical needs referral form. Incomplete forms or those that do not contain sufficient detail will be returned.
- A letter from a medical consultant* that clearly states that the young person is unable to attend school because of their health needs (medically unfit to attend school)

Note * Where advice from a medical consultant is not yet available medical evidence will be expected from at least one of the following medical professionals:

- General Practitioner
- CAMHS professional (i.e., mental health nurse/mental health practitioner)
- The council's ME/CFS service (i.e., Specialist Physiotherapist)

Following the acceptance of a referral, the Medical Needs Coordinator will contact the relevant short stay school to request that interim medical needs provision is implemented without delay. A planning meeting will then determine the structure of the provision for an initial period of 12 school weeks (or for the period that the student is absent from school, whichever is shorter). The provision will ordinarily consist of one-to-one sessions within the child's home. The number and length of the sessions will depend on each individual case and be agreed upon in the planning meeting. There is an expectation that the child's home school will plan and mark the work delivered in these sessions.
If after this initial period, the student is unable to return to school, further medical advice will be required in order for the provision to continue.

Reintegration

The aim of the provision from the Medical Needs Service will be to reintegrate pupils back into school at the earliest opportunity as soon as they are well enough. A reintegration programme will be put together following discussion with the child or young person, parent/carer, school, relevant health professional(s) and other involved agencies as appropriate.

In some cases, it may not be possible for the child to return to school on a full-time basis initially. Arrangements for reintegration (or any future education arrangements) will need to take into account any ongoing health problems of disabilities they may have.

SECTION 3

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

SUPPORTING CHILDREN WITH MEDICAL CONDITIONS

1. Introduction

There are an increasing number of children attending mainstream schools with medical conditions. Schools, acting in *loco parentis*, have a duty to take reasonable care of children which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines. The school will make every effort to safeguard the health and safety of those pupils who may be more at risk than their peers due to existing medical conditions.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Management and Organisation

When medicines are to be administered in school it is essential that safe procedures are established which are acceptable to appropriate school staff involved. It is essential that clear written instructions are supplied by parents when requesting that medication be administered to their child. Parents should always complete a Pupil Medication Record form available from the school office giving the child's name and class, clear instructions on the dose to be administered to the child, the time to be given and for what period. Medication **must** be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or carer and retained in the school office for reference by staff involved.

2.1 In cases where the child's medical needs may be greater than those of their peers, the Headteacher may request that an Individual Healthcare Plan be prepared, if applicable by the SENCO. In such cases, consultations on the Plan will include the school, health service practitioners, First Aid Lead, SENCO and the parents/carers. This will also clarify the extent of responsibility taken by the school.

2.2 The Headteacher will be responsible for managing the administration of medicines and drugs with the agreement of named members of staff. Staff should be able to act safely and promptly in an emergency situation, as well as with the routine administration of medicines.

2.3 Members of staff will be asked to volunteer to be involved in the administration of medication. Only those members of staff who have current First Aid qualifications will be required to act in an emergency. Other members of staff who are willing to dispense medicines to pupils i.e., Teaching Assistants, Class Teacher, School Secretary, should be

advised of the correct procedure for each pupil by the First Aid Lead who will liaise with Parents / Carers.

2.4 It is the responsibility of the Headteacher to ensure that new members of staff receive appropriate training.

2.5 Parents and staff should be kept informed of the school's arrangements for the administration of medicines and drugs and will be informed of any changes in these procedures.

2.6 A record should be kept of all the medicines and drugs administered by the members of staff responsible on a Pupil Medication Record form. All medication administered must be recorded and witnessed by two members of staff.

3. Advice on medication

3.1 Children recovering from a short-term illness/infection who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary.

3.2 If the parent or carer requests that the school administer medication (prescribed and non-prescribed), the Headteacher will allow this on the condition that the school's Pupil Medication Record form is completed and signed by the parent. If the instructions have not been given in writing, it will not be possible for the school to accept responsibility for administering the medication. In exceptional circumstances a telephone call may be made to the parent / carer to obtain verbal consent. A record will be kept on a Pupil Medication Record form.

3.3 In the case of chronic illness or disability, i.e., asthma, diabetes, syndromes such as ADHD etc. pupils may need to take prescribed drugs or medicines on a regular basis during school hours in order to lead a normal life within a mainstream school setting. Only those members of staff already named should administer the medication and a record kept. Staff will not under any circumstances administer drugs by injection and parents would be expected to attend to the pupil in school hours in such cases.

4 School Trips

4.1 It is the part of the Inclusion Policy of the school that all pupils should be encouraged to take part in school trips wherever safety permits. It may be that the school would need to take additional safety measures for outdoor visits and staff supervising outings must be aware of any medical needs of such pupils and of the relevant emergency procedures. An additional adult (or the particular parent) may need to accompany visits where a difficult situation might arise.

5. Taking Medication on School Trips

5.1 It may be necessary to take medication for pupils on a school trip, i.e., Epipen, Inhalers or Epilepsy emergency medication. This medication must be logged in and out of school. Copies of any relevant healthcare plans must also be copied and taken on a school trip in case of emergency. Emergency medication **must** be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

5.2 In the case of a residential trip all medication must be provided with detailed instructions by the parent/carer. For those pupils who have a more complex condition then a meeting will take place before the residential to ensure that all parties are aware of the medication required, the amounts and the timings for administering. Medication during the residential will be administered by 2 adults who will check all the steps.

6. Inhalers for Asthma

6.1 Individually named inhalers are kept in the child's classroom and the children have access to an inhaler whenever they either request it or if it is deemed necessary by a responsible adult. **It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.**

6.2 In the case of pupils in Early Years and Key Stage 1 the school can supervise the child using the inhaler. The inhaler should be given to the class teacher or kept in the school office and written instructions given. As before, all inhalers should be regularly renewed and collected at the end of the school year.

7. Antibiotics

7.1 Pupils who are prescribed antibiotics can often recover very quickly and may well be fit enough to return to school, but it may also be essential that the full course of medication should be completed. In this case, the Headteacher is willing for named staff to administer the antibiotics supplied by the parent or carer. A Pupil Medication Record form should always be completed giving full instructions for administration of the medicine. **It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.**

8. Diabetes

8.1 The school will monitor pupils with Diabetes in accordance with their care plan. Blood sugar results will be recorded daily and noted accordingly. Pupils with diabetes **must not** be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.

9. Maintenance Drugs

9.1 A child may be on daily medication for a medical condition that requires a dose during the school day. As with all other medicines a Pupil Medication Record form should be completed giving clear instructions to staff at the school. A record of all doses administered will be kept.

10. Unusual Medications

10.1 In the case of unusual prescribed medicines, i.e., use of an Epipen, this will be at the discretion of the Headteacher and Governors. In all cases, proper training will be provided by the Child Health service and parents will need to complete a Pupil Medication Record form accepting responsibility. In cases of eczema or skin conditions it will be expected that the child will be able to use the cream/lotion on their own.

11. Nut Allergies/Anaphylaxis Procedures

11.1 In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ carers to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

11.3 Medication for the treatment of nut allergies will be kept in easily identifiable containers in the individual classrooms. Each container should be clearly labelled with the child's name, class, photo and a step-by-step guide of what to do in an emergency. The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated regularly.

12. Emergency Procedures

12.1 In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Staff should never take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

12.2 In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Headteacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

13. Hygiene and Infection Control

13.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment in the yellow bin provided in the school office.

14. Storage of Medication

14.1 All medication must be stored in the designated medication areas i.e., the secure medication cupboard in the school office or the office fridge (depending on prescriber's instructions). The key to the medicine cupboard and medicine fridge are kept in the office.

14.2 Epipens and Inhalers should be readily available and not locked away. These medicines are kept in the School Office.

15. Disposal of Medicines

15.1 Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are collected from school when notified.

16. Pupils with Long-term or Complex Medical Needs

16.1 Parents or carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, Headteacher, SENCO, First Aid Lead, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) (Appendix) or Educational Health and Care plan (EHCP). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

17 Impaired mobility

17.1 Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

18 Staff Training

18.1 The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific

medicines is arranged via the SENCO. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

18.2 The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine.

19 Procedure followed when notified of a child's medical condition

1. Parent/carer details medical needs on child's application form if they are new to school.
2. If the child requires medicine to be administered, they must complete the Pupil Medication Record form and hand it to a member of the office team before the child starts school.
3. If a child has an allergy or a long term/complex condition then the Office Manager/School Secretary will contact the parent/carer and complete an individual health care plan. The Office Manager will sign the completed plan, along with the parent/carer.

20 Summary of Procedure to Dispense Medication

- Pupil Medication Record form **must** be completed by the parent / carer.
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered.
- Recommended / prescribed dose will **not** be exceeded without written permission from a medical professional.
- All medication given must be recorded and witnessed on the Pupil Medication Record form.
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary.
- Medication being taken out of school on trips or visits must be logged in and out with the school office and be the responsibility of a member of staff at all times.

21 Children who cannot attend school because of health needs

See our 'Children who cannot attend school because of health needs policy for further information.

Appendices

A: Individual health Care Plan
B: First Aid Process
C: Anaphylaxis Emergency Procedure
D: Pupil Medication Record (administering medicine record sheet)
E: Asthma Record Card

Appendix A - Individual Health Care Plan template

PHOTO OF CHILD

Individual Health Care Plan

Name of school/setting	Godstone Primary and Nursery School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

G.P.	
Name	
Phone No.	

Clinic/Hospital Contact (if applicable)

Name	
Phone no.	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Parent/carer

Signed_____ Date_____

Office Manager

Signed_____ Date_____

If applicable: -

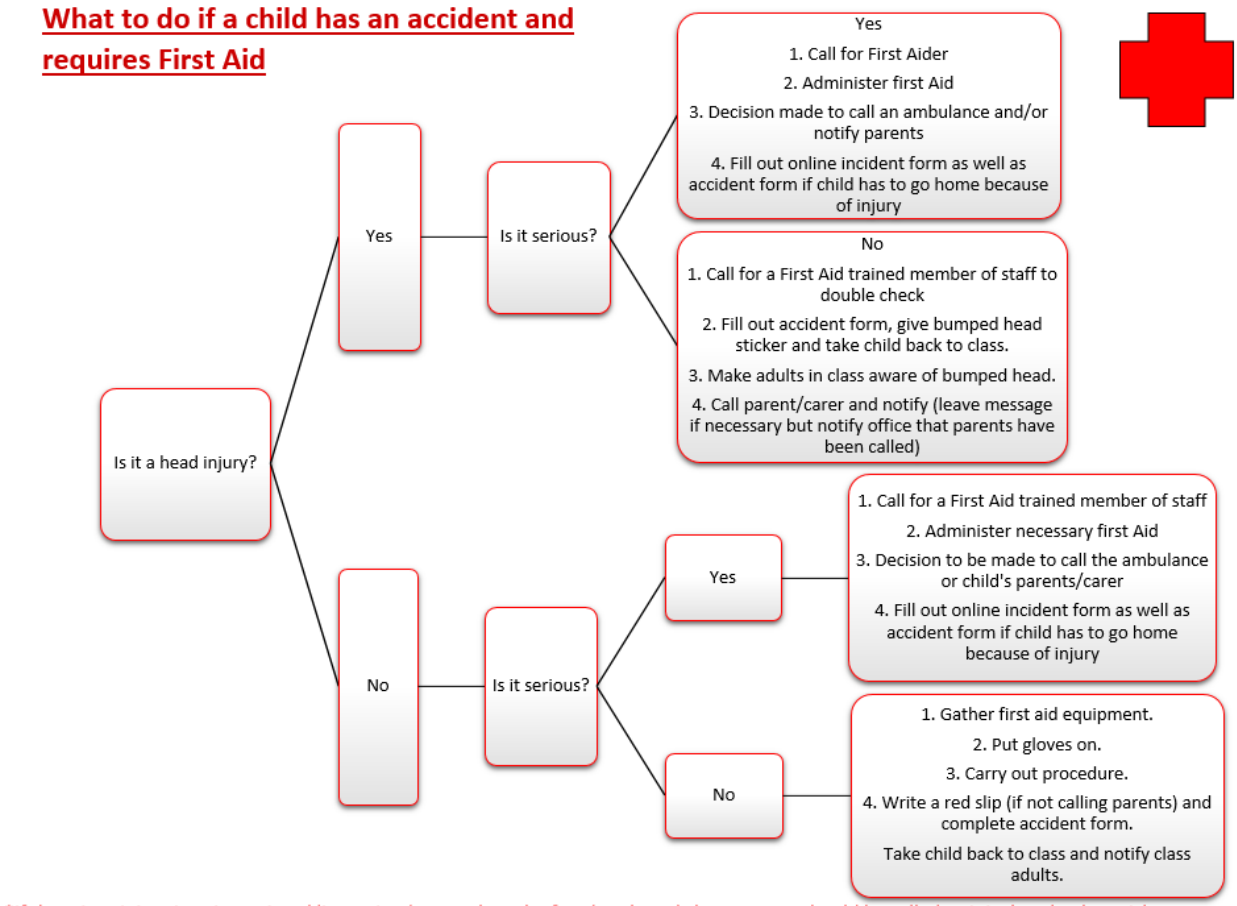
<u>Epipens</u>

I consent to my child's photo and name being displayed alongside their auto-injector (on the noticeboard) in the school's staffroom.

Parent/carer

Signed_____ Date_____

Appendix B – First Aid Process



*If the minor injury is quite serious/distressing (a scratch to the face/ neck etc.) then parents should be called so it isn't a shock at pickup.

Appendix C – Anaphylaxis

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Appendix D – Administering Medicine Record Sheet

Pupil Medication Record

Name of Child …… Date of Birth ……

Class ……

Medical condition or illness ……

……

Name of medicine …… Dosage ……..

Number of day's medicine to be administered for …… Time to be given ……..

Parent name …….. Date ……

ALL MEDICINES MUST BE COLLECTED BY THE PARENT/CARER. IT IS THE PARENTS/CARERS RESPONSIBILITY TO DISPOSE OF THE MEDICINE SAFELY

I understand that I must deliver the medicine personally to a member of the office staff. I accept that this is a service that the school is not obliged to undertake. I agree to members of staff administering medicines/ providing treatment to my child as directed above or in the case of an emergency, as staff consider necessary. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: …… Date: ……..

Date	Time	Staff Signature 1	Staff Signature 2

Date	Time	Staff Signature 1	Staff Signature 2

Appendix E – School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

asthma UK

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

SECTION 4

INFECTION CONTROL

Contents

Infections in children and young people settings

Infections are common and for most people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into settings or acquired and spread within the setting.

Infections are caused by micro-organisms such as bacteria, viruses, fungi, and parasites, otherwise known as germs. Germs are everywhere and most do not cause infection and can even be beneficial. However, some germs can cause infections[1] when they get into the wrong place, which can result in symptoms such as fever and sickness.

Further information about micro-organisms, and how to teach about them, is available from the e-Bug website.

How infections spread

It is important to understand how germs are spread and actions that can be taken to break the chain of infection.

The mode of transmission is a term used to describe how germs are spread from person to person[2]. There are different ways that this can happen. The precautions that can be taken to reduce transmission depend on the mode of transmission.

Airborne or droplet spread

Respiratory infections can spread easily between people. Sneezing, coughing, singing, and talking may spread respiratory droplets (aerosols) from an infected person to someone close by. Airborne infections can spread without necessarily having close contact with another person via small respiratory particles. Droplets from the mouth or nose may also contaminate hands, cups, toys, or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth. These can penetrate deep into the lungs (respiratory system). Examples of infections that are spread in this way are the common cold, coronavirus (COVID-19), influenza, and whooping cough.

Measures can be taken to prevent and control airborne spread infections. These include precautions such as ventilation, to prevent respiratory particles from spreading where there is no close contact

between people; and droplet precautions, such as respiratory hygiene, which can prevent droplets from transferring from the respiratory tract of one person directly to the eyes, nose and mouth of others.

Preventing the spread of respiratory infections requires everyone in the setting to adopt good respiratory hygiene behaviours. Further guidance on respiratory hygiene for staff, along with suggested activities to support students to embed these, are included in the e-Bug respiratory hygiene resources.

More information on specific respiratory infections is available.

Direct contact spread

Some infections can be spread by direct contact with the infected area to another person's body, or via contact with a contaminated surface. This is the most common route of cross-infection from one person to another (transmission of infection).

Examples of infections of the skin, mouth and eye that are spread in this way are scabies, headlice, ringworm and impetigo.

Gastro-intestinal infections can spread from person to person when infected faeces or vomit are transferred to the mouth either directly or from contaminated food, water, or objects such as toys, door handles or toilet flush handles. Examples of infections spread in this way include hepatitis A, Shiga Toxin-producing Escherichia Coli (STEC), and norovirus.

Blood borne viruses are viruses that some people carry in their blood and can be spread from one person to another by contact with infected blood or body fluids, for example, while attending to a bleeding person or injury with a used needle. Examples of infections spread in this way are hepatitis B and human immunodeficiency virus (HIV).

Measures can be taken to prevent and control infections that spread via direct contact with a person or indirectly from the person's immediate environment (including equipment). This includes precautions such as cleaning and safe management of the environment.

More information on specific infections is available.

Groups at higher risk from infection

For most people, the risk from common infections is low and few will become seriously unwell. There are some groups of people who are either at higher risk of contracting an infection, or at risk of more severe illness or other consequences because of contracting the infection.

A small number of people have impaired immune defence mechanisms in their bodies either because of a medical condition or due to treatment they are receiving (known as immunosuppressed). People who are immunosuppressed may have a reduced ability to fight infections and other diseases.

Most people in this group will be under the care of a hospital specialist and will have received advice on the risks to them and when to seek medical advice. People in this group should continue to attend their education or childcare setting unless advised otherwise by their clinician.

Usually, the setting will be aware and it is important this information is shared with the school nurse or other setting-specific healthcare professional.

If a child who may be at higher risk due to their immunosuppressed status is thought to have been exposed to an infection in the setting, the parents and carers should be informed immediately so that they can seek further medical advice from their GP or specialist, as appropriate.

Other people in the setting who may be at risk due to their immunosuppressed status and may have been exposed to an infectious disease, should also be informed immediately so they can seek further medical advice from their GP or specialist, as appropriate.

Women who are pregnant should ensure they are up to date with the recommended vaccinations, including COVID-19 immunisation (see Supporting immunisation programmes). Pregnant women should consult their midwife or GP immediately if they meet people with measles, mumps, rubella, slapped cheek syndrome and chickenpox as contact with these illnesses can affect the pregnancy and/or development of the unborn baby. They should also avoid contact with animal litter trays due to the risk of toxoplasmosis. Consider that you may not be aware of which people are pregnant, so ensure information is available to all.

For more information on protecting pregnant staff in the workplace, refer to the Health and Safety Executive's guidance on pregnant workers.

Management of an infectious individual

The term 'exclusion' is used in this guidance to define the amount of time an individual should be advised to not attend a setting to reduce transmission while they are infectious. This is different from 'exclusion' as used in an educational sense.

Prompt exclusion of people who are unwell with an infectious disease is essential to preventing the spread of infection in settings. A quick reference table is available.

People with mild respiratory symptoms such as a runny nose, sore throat, or slight cough who are otherwise well and do not have a high temperature can continue to attend their education or childcare setting.

All settings should have a local policy for the appropriate exclusion or isolation of people while they are likely to be infectious for specific diseases, as outlined in Managing outbreaks and incidents. They should also have a procedure for contacting parents or carers when children become unwell in the setting. In residential settings, exclusion may not be possible, and individuals may require a separate placement within the setting. If separate placement is not possible within residential settings, the setting should contact their health protection team (HPT) for further advice.

Exclusion on public health grounds may cause some people to feel isolated or anxious. In these situations, consider signposting them to mental health and wellbeing support services:

- NHS Every Mind Matters website
- Children's mental health – NHS Every Mind Matters