

The Crabtree Academy Trust

Crabtree Lane, Harpenden, Herts. AL5 5PU



Crabtree Infants' School

Headteacher: Mrs Sally Patrick

Crabtree Junior School

Headteacher Mr Ian Patrick

Medical conditions policy, including: Managing Medicines in School, Intimate Care and Education for children unable to attend school for medical reasons

Reference Number:	CAT018
Version	1.0
Name/Department of originator/author:	Katie Coxon, Policies Administrator
Name/Title of responsible committee/individual:	Anna Baillie-Lane, Inclusion Manager
Date issued:	May 2015
Review frequency:	Every 3 years
Target audience:	All stakeholders

The Board of Directors shall conduct the Trust with a view to promoting high standards of educational achievement.

Crabtree Academy Trust is committed to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups. These factors were considered in the formation and review of this policy and will be adhered to in its implementation and application across the whole school community.

The Crabtree Schools will promote the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs and will actively challenge pupils, staff or parents expressing opinions contrary to fundamental British Values, including 'extremist' views.

Version	Date	Notes
V1.0	24/06/2015	Approved by Resources Committee

Contents

1	Purpose	3
1.1	Medical conditions.....	3
1.2	Managing medicines	3
1.3	Intimate care.....	3
1.4	Education for children unable to attend school due to medical reasons	3
1.5	Links with other policies	3
2	Arrangements for Monitoring and Review	4
2.1	Monitoring and Evaluation.....	4
2.2	Communication	4
3	Roles and Responsibilities	5
3.1	Inclusion Manager	5
3.2	Headteacher.....	5
3.3	Staff	5
3.4	Healthcare professionals.....	5
3.5	Parents	5
3.6	Pupils.....	6
4	Medical Conditions at School.....	7
4.1	Training and risk assessment	7
4.2	Physical environment	7
4.3	Social interactions	7
4.4	Exercise and physical activity	8
4.5	Education and learning	8
4.6	Residential visits (Crabtree Junior School)	8
4.7	Unacceptable practice	8
5	Managing Medicines in School	10
5.1	Essential Medication	10
5.2	Non-essential and short courses of medication	10
5.3	Administration of medicine by a member of staff	10
5.4	Over the counter medicines	12
5.5	Storage of medicines	12
5.6	Return/Disposal of medicines	13
5.7	School trips, visits and sporting events.....	13
5.8	Record keeping	14
5.9	Emergency procedures.....	14
6	Intimate Care.....	15
6.1	Child focused principles of intimate care	15
6.2	Guidelines for Good Practice	15
6.3	Physiotherapy	16
6.4	Medical Procedures	17
6.5	Record keeping	17
6.6	Safeguarding.....	17
7	Ensuring a good education for children who cannot attend school because of health needs.....	19
7.1	Designated Teacher.....	19
7.2	Early Identification and Referral.....	20
7.3	Personal Education Plans	20
7.4	Reintegration.....	20
7.5	Involvement of the pupil	20
8	Complaints	21
	Appendix 1: Procedures to be followed on notification of a child's medical condition	22
	Appendix 2: Pupil Health Care Plan	23
	Appendix 3: Parental agreement for school to administer prescribed medicine	25
	Appendix 4: Record of medicine administered to an individual child	26
	Appendix 5: Parental agreement for another adult / non-staff member to administer medication to their child	27
	Appendix 6: Intimate Care Plan.....	28
	Appendix 7: Communication <i>Pro Forma</i>	29

1 Purpose

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The Crabtree Academy Trust is an inclusive community and understands that it has a responsibility to make schools within the Trust welcoming and supportive both to pupils with medical conditions who currently attend as well as to those who may enroll in the future. No child with a medical condition will be denied admission or prevented from taking up a place in the Crabtree Schools because arrangements for their medical condition have not been made.

The Trust knows it is important that parents feel confident that the Crabtree Schools will provide effective support for their child's medical condition, and that pupils themselves feel safe. This policy sets out the framework for inclusion of children with medical conditions together with the formal systems and procedures in respect of administering medicines at Crabtree Academy Trust schools, including how the schools will keep medicines safe and how other pupils will be protected from the misuse of potentially harmful substances.

This policy reflects statutory guidance on *Supporting pupils at school with medical conditions*, issued by the DfE in September 2014.

1.1 Medical conditions (Section 4)

The Trust aims to support pupils with medical conditions, to ensure that such children can access and enjoy the same opportunities at school as any other child. The Directors seek to ensure that parents of pupils with medical conditions feel secure in the care their children receive at the schools. In supporting children with medical needs, the schools will focus on the needs of the individual and how their medical condition impacts on their school life: arrangements put in place will not only show an understanding of how medical conditions impact on the child's ability to learn but will be designed to increase the child's confidence and promote self-care.

1.2 Managing medicines (Section 5)

The Trust desires to enable regular attendance by all pupils and, to this end, aims to support any child who has chronic medical needs or requires on-going medication during the school day. At some time during their time in school, other children will need to take medicines during the day for a short period only, perhaps to finish a course of antibiotics; to facilitate children to do this will minimise the time that they need to be absent.

1.3 Intimate care (Section 6)

The Trust is committed to supporting children with intimate care needs, including those who need supervision of intimate self-care. The Trust's procedures aim to ensure that children who require intimate care are treated with dignity at all times and that safeguarding considerations for both the child and adult involved are respected.

1.4 Education for children unable to attend school due to medical reasons

Where children are unavoidably absent from school due to medical reasons, the provision for their continuing education is set out in Section 7.

1.5 Links with other policies

This policy links with the schools' Accessibility Plans and the Trust's Equality Statement and its policies on Inclusion, Health and Safety, Offsite Visits, Child Protection, Drug Education and Drug Incident.

2 Arrangements for Monitoring and Review

This policy shall be reviewed in full by the Trust at least once every three years in accordance with the Academy Year Planner. The Policies Administrator shall inform the Board of any changes to the statutory or non-statutory guidance relating to supporting children with medical needs.

This Trust works in partnership with all interested and relevant parties including the governing bodies, school staff, parents, healthcare professionals and pupils to ensure its policies, plans, procedures and systems are properly and effectively implemented. This aligns with the Trust's wider safeguarding duties.

The Crabtree Schools will review any medical emergencies and incidents that arise to see how they could have been avoided. Appropriate changes to this policy and procedures will be implemented after each review.

2.1 Monitoring and Evaluation

The Trust will monitor and evaluate the schools' performance in supporting pupils with medical needs to ensure the policy enables all children to have equal access to continuity of education.

The Trust will ensure staff training on common medical conditions is refreshed annually and that training for staff to support specific needs is carried out by an appropriate professional, documented and updated regularly.

The local governing body should ensure that individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Such plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption to education. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or be part of that statement or EHC plan.

The local governing body will receive reports on staff training to meet the needs of children with medical conditions and must be satisfied that this is adequate not only for day-to-day needs but also to cover contingency and emergency situations.

2.2 Communication

The Trust's policy on supporting children at school with medical conditions will be signposted to parents in the prospectus and published on the schools' websites.

3 Roles and Responsibilities

3.1 Inclusion Manager

The Inclusion Manager, Anna Baillie-Lane, has overall responsibility for delivery of this policy. She is specifically responsible for:

- making sure that all relevant staff are made aware of children's medical conditions.
- assigning staff to support a child with medical needs and organising suitable training for those members of staff.
- making cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- development and monitoring of individual healthcare plans.

3.2 Headteacher

The Headteacher is responsible for ensuring:

- effective implementation of the policy.
- all staff at the school are aware of the most common serious medical conditions affecting pupils at the school. Action for staff to take in an emergency for the common serious conditions at the school is displayed in the medical rooms in each school and on the Health and Safety noticeboard.
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions: a health care professional should provide written confirmation of proficiency in any medical procedure.
- supply staff are appropriately briefed.
- adequate risk assessments are in place for school visits, holidays, and other school activities outside of the normal timetable.

3.3 Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless they were specifically employed to provide the care.

3.4 Healthcare professionals

The school nurse, working in conjunction with other healthcare professionals, is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school and can offer support on development and implementation of a child's individual healthcare plan. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3.5 Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3.6 Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. Wherever possible, taking into account their age and maturity, children should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

4 Medical Conditions at School

In addition to the statutory guidance, this section of the policy has been drawn up with reference to the *Medical Conditions at School* Resource Pack.

The Directors understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. The Trust ensures all staff understand their duty of care to pupils in the event of an emergency: school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

The procedures to be followed whenever a school is notified that a pupil has a medical condition are shown in *Appendix 1*.

4.1 Training and risk assessment

The medical conditions that most commonly affect children at The Crabtree Schools are asthma and severe allergic reaction (anaphylaxis). Staff are aware of the common triggers that can make medical conditions worse or can bring on an emergency.

Staff receive annual training on the impact anaphylaxis can have on pupils and on administration of Epipen/Jext Pen, so that they feel confident in knowing what to do in an emergency. Emergency Procedures for Asthma sufferers are displayed in the medical rooms in the schools. The School Nurse is called upon to provide information and training as required to support children with other medical conditions, such as Epilepsy and Diabetes.

The Crabtree Schools use Healthcare Plans to identify the needs of children with medical conditions and a summary of needs is posted on the Health and Safety photoboard, so that all staff are aware of vulnerable children within the schools.

Any member of school staff providing support to a pupil with medical needs will receive appropriate training. The assessment of training needs to support medical conditions at school is the responsibility of the Inclusion Manager, Anna Baillie-Lane; this is undertaken annually at the start of each academic year, when the school is notified of a new medical condition, when new children join the schools and when staff leave.

The Trust is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

This Trust ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

4.2 Physical environment

Crabtree Academy Trust is committed to providing a physical environment that is accessible to pupils with medical conditions. The commitment to an accessible physical environment includes out-of-school visits, recognising that this may sometimes mean changing activities or locations.

4.3 Social interactions

The Trust undertakes to give adequate consideration to the needs of pupils with medical conditions to ensure:

- their involvement in structured and unstructured social activities, including during breaks and before and after school.
- they have full access to extended school activities such as school discos, school productions, school clubs and residential visits.

All staff at The Crabtree Schools are aware of the potential social problems that pupils with medical conditions may experience; staff use this knowledge to try to prevent and deal with

problems in accordance with the schools' anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

4.4 Exercise and physical activity

Crabtree Academy Trust understands the importance of all pupils taking part in sports, games and other activities and ensures PE teaching makes appropriate adjustments to make physical activity accessible to all pupils. Pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

All teachers are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

4.5 Education and learning

Crabtree Academy Trust ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

Lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum.

Year 6 pupils receive emergency 'Save a Life' training so they know what to do in the event of a medical emergency.

4.6 Offsite visits

Full health and safety risk assessments are carried out by the schools prior to any out-of-school visit and the needs of pupils with medical conditions are considered during this process. Factors considered include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

Crabtree Junior School understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

4.7 Unacceptable practice

Staff at the Trust will adhere to the following ground rules:

- No child should be prevented from easily accessing their inhalers and medication and administering these when and where necessary;
- It must not be assumed that every child with the same condition requires the same treatment;
- The views of the child or their parents must not be ignored; nor must medical evidence or opinion be ignored (although this may be challenged);
- Children with medical conditions must not be sent home frequently or prevented from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If a child with a medical condition becomes ill, he or she must not be sent to the school office or medical room unaccompanied.
- Children must not be penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Pupils must not be prevented from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- Parents must not be made, or otherwise made to feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because of the Trust's failure to take reasonable action to support their child's medical needs;
- No child should be prevented from, nor have unnecessary barriers created to, participation in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

5 Managing Medicines in School

The Directors, Governors and staff understand the importance of medication being taken as prescribed. Nevertheless, agreement to administer medicines at school will only be made when it would be detrimental to a child's health or school attendance not to do so and the medicine has been prescribed by a doctor, dentist, nurse prescriber, pharmacist prescriber, or registered Homeopath. Non-prescription medicines will not be administered at the schools and **no medication will be administered to any pupil without the written consent of the child's parent or legal guardian.**

The policy applies to the administration of prescribed medicines, including controlled drugs, during the school day or at other times when children are in school care, for example on School Journey (Year 5 and 6 pupils). In addition to the statutory guidance, these procedures follow recommended protocols set out in the joint DfES/Dept. of Health document *Managing Medicines in Schools and Early Years Settings* (March 2005).

Where clinically possible, both regular medication and short courses of medication should be prescribed in dose frequencies which enable it to be taken outside of school hours, e.g. medicines that need to be taken three times a day can be managed at home. Parents should be encouraged to ask the prescriber about this in order that medication can be given within the home as far as is reasonably possible.

5.1 Essential Medication

For children with chronic conditions requiring the administration of medication, and for children for whom emergency medicines are held, a Health Care Plan must be completed (see *Appendix 1*) and signed by the parent and by the Headteacher on behalf of the school. Care Plans should be reviewed annually.

Where it would be detrimental to a child's health if prescribed medicine were not administered during the school day (e.g. asthma inhalers, insulin, Ritalin) the parent/guardian is required to complete a Parental Agreement Form (see *Appendix 2*). Verbal instructions shall not be accepted. The Headteacher (or Deputy in the Headteacher's absence) must also sign this agreement to administer medicine before any medicine can be accepted by the school.

Where specific staff training is required for the administration of emergency medication (e.g. adrenaline via Epipen or Jext pen, rectal valium, etc.), the Headteacher is responsible for ensuring this is provided. Staff should not administer such medicines until they have been trained to do so.

5.2 Non-essential and short courses of medication

For administration of medicines for non-chronic conditions, e.g. finishing a course of antibiotics, the policy of the Crabtree Academy Trust is that parents should be responsible for the administration of medicines to their children wherever possible, by coming to the School Office at the appropriate time to administer the medicine to their child and then taking it away with them. If the parents are unable to come to the school, they may authorise another adult to come to school on their behalf to administer medication (written consent must be given by the parent if medication is to be administered to their child by another adult – see *Appendix 5*)

If the parent is unable to make arrangements for a suitable adult to come to the school to administer the medicine, they may request that the school administer the dose – see *Appendix 3*. It should be noted that there is no legal duty that requires schools and staff to administer medication; this is a voluntary role. The 'duty of care' extends to administering medication only in exceptional circumstances.

5.3 Administration of medicine by a member of staff

No child in the schools will be given any medicines without his or her parent's written consent.

Staff role and responsibility

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it, except in the case of certain support staff who may have specific duties to provide medical assistance as part of their contract. No member of staff can be directed to administer medicine to a child if they are unwilling, although it should be remembered that a general duty of care applies, which in exceptional circumstances could extend to administering medicine and/or taking action in an emergency.

After discussion with parents, children who are competent to manage their own health needs and medicines should be encouraged to take responsibility for managing their own medicines and procedures and, if children can take their medicines themselves or self-manage procedures, staff should only provide appropriate supervision. This should be reflected within individual healthcare plans.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Staff administering medicine should do so in accordance with the prescriber's instructions. When administering medicines, on each occasion staff should:

- refer to written instruction received by school
- check prescribed dose
- check expiry date
- check prescribed frequency of medication
- measure out prescribed dose and check the child's name.

If there is uncertainty, the medicine should not be given and staff should check with the child's parents or request that written guidance be provided from a medical professional.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform parents of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Guidelines for administration of medicine by a member of staff

Medication should be brought into the school by an adult (**not by the child**) and handed personally to a member of the School Office staff.

Medicine must be provided in an original container labelled clearly with:

- Child's name, date of birth
- Name and strength of medication
- Written instructions provided by the prescriber, including dosage and storage
- Expiry date (must be in date)
- Dispensing date.

The following guidelines will apply:

1. Medicines must always be provided to the school in the original container as dispensed by a pharmacist/registered Homeopath and include the prescriber's instructions for administration.
2. The schools will not accept medicines that have been taken out of the container in which originally dispensed nor make changes to dosages on parental instruction. The

exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

3. A written record shall be kept of the administration (*See Appendix 4*). If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered
4. Large volumes of medication shall not be stored. Unused medication shall be returned to Parents/Guardians at the end of the academic year.
5. All emergency medicines (asthma inhalers, epi-pens/Jext pens, *etc.*) should be readily available and not locked away (*see Para. 5.5*).
6. Where controlled drugs are prescribed, these will be kept in a suitable locked non-portable container and only named staff should have access (*see Para. 5.5*).
7. Children will be told where their medicines are stored and who to ask for appropriate access to them.
8. If the medication must be kept refrigerated proper arrangements shall be implemented to ensure that it is both secure and available whenever required.
9. Names and photographs of children for whom emergency medication is held shall be displayed on the Health and Safety noticeboard.
10. **Under no circumstances will medicines be kept in first-aid boxes.**

It is the responsibility of the parent to ensure there is sufficient medication and that the medication is in date.

5.4 Over the counter medicines

Consent for the administration of non-prescription medicines will not normally be given. This includes such products as Calpol, Nurofen, Paracetamol, Aspirin *etc.* NB A child under 16 should never be given medicine containing aspirin, unless prescribed by a doctor.

If parents wish to administer non-prescription medication themselves during school hours, they should come to the School Office at the appropriate time to administer the medicine to their child and then take it away with them. If the parents are unable to come to the school, they may authorise another adult to come to school on their behalf to administer medication, and will need to give written consent to the school office in order for any such medication to be given to their child. (*See Appendix 5*).

Staff will not administer painkillers to pupils within school unless the pain medication is **prescribed** and there is a health plan detailing the specific circumstances when this should be administered. Medication for pain relief should never be administered without first checking maximum dosages and when the previous dose was taken. Parents must be informed that the medication has been taken.

5.5 Storage of medicines

All medicines should be stored safely. Children should know where their medicines are at all times and know how to access them. Medicines and devices such as asthma inhalers and adrenaline pens should be always readily available to children and not locked away.

At Crabtree Infants' School, inhalers and adrenaline pens are kept in the class teacher's store cupboard.

At Crabtree Junior School, inhalers and adrenaline pens are kept in a cupboard in the staff room.

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. It is therefore imperative that controlled drugs are strictly managed between the school and parents. No

more than a week's supply of any controlled drug should be held at school; the amount of medication handed over to the school should always be recorded.

Controlled drugs shall be stored in a locked non portable container in the School Secretary's Office and access shall be restricted to the School Office staff and, in their absence only, to the Headteacher (or Deputy) and the Senior Midday Supervisor. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act. As with all medication, each time the drug is administered it must be recorded, including if the child refused to take it. If pupils refuse to take medication, school staff should not force them to do so; the parents should be informed as a matter of urgency.

Children carrying their own medicine

Children may not carry their own medication, with the sole exception of inhalers for asthma where this is deemed necessary and is written into the child's healthcare plan. Children may bring throat sweets to school but these will be lodged with the class teacher at the start of the day and taken only with the permission of the teacher, who will ensure the child is seated to avoid the risk of choking. Parents should not send their child with more sweets than are necessary for one day.

5.6 Return/Disposal of medicines

Medication should be returned to the child's parent(s) at the end of each term or whenever:

- The course of treatment is complete;
- Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- Instructions are changed;
- The expiry date has been reached;
- Children are due to transfer to a new school.

Any unused medication should be recorded as being returned back to the parent. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away

Sharps boxes should always be used for the disposal of needles and other sharps.

It is the parent's responsibility to replace medication or equipment which has been used or expired.

5.7 School trips, visits and sporting events

The Trust is committed to ensuring that the Crabtree Schools fully understand the need to support actively pupils with medical conditions to allow them to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

Safe storage and easy access to medicines and devices such as asthma inhalers and adrenaline pens is particularly important to consider when outside of school premises, e.g. on school trips, children should know where their medicines are at all times and know how to access them. Medication required during a school trip should only be carried by the pupil if this is the normal practice. For all other medicines, either the parent (who must have a satisfactory DBS certificate in order to accompany the visit) should be present or a staff member must be nominated who is willing to take responsibility for the medicine and administer the dose. In the latter case, the staff member should sign the school record to say that the medication has been removed from the school premises and should sign the record on return to confirm that the medication was given. Unless the medication is covered by an

existing consent, parent(s) must complete a Request Form (*Appendix 3*) if their child requires any medication whilst on a school trip or visit.

It is essential that all staff members involved with sporting activities or extra-curricular activities are aware of the need for medication for specific pupils, and what to do should a medical emergency occur.

School Journey

On the Year 5 and Year 6 School Journeys, if parents anticipate that pain relief will be required to be given during the trip, this must be prescribed and clear written instructions given as to the circumstances in which the pain relief must be administered. The trip leader will also carry a small supply of 'Calpol Melts' in case staff, acting *in loco parentis*, consider that emergency pain relief is required. HOWEVER, this will only be given if parents can be contacted and give their consent.

5.8 Record keeping

Written records must be kept of all medicines administered to children.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5.9 Emergency procedures

As part of general risk management processes, the Trust has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency for that child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

The schools operate a 'Green card' system; the green card can be used to send a pupil to summon emergency assistance.

6 Intimate Care

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

Intimate care is personal care that most people usually carry out for themselves but some pupils are unable to do because of their age, physical difficulties or other special needs, *i.e.* care which involves washing, touching or carrying out a procedure to intimate personal areas. Examples include care associated with continence as well as more ordinary tasks such as help with washing and toileting, dressing or feeding.

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

The Trust 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 and be supported by appropriate training. It is acknowledged that these adults are in a position of great trust.

The governors and staff recognise the need to treat all children with sensitivity and respect when intimate care is given. No pupil should be attended to in a way that causes distress, embarrassment or pain.

Health & Safety guidelines should be adhered to regarding waste products, if necessary.

6.1 Child focused principles of intimate care

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

6.2 Guidelines for Good Practice

Training

Staff should only carry out care activities they understand and feel competent and confident to carry out. Therefore only staff who have been trained (including Moving and Handling training) in the specific types of intimate care that they carry out may deliver personal care. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

The Inclusion Manager must ensure these staff members fully understand the Trust's Intimate Care Policy and Guidelines within the context of their work. The Headteachers are responsible for making provision for emergencies and ensuring that an appropriately trained member of staff will always be available to tend to the child's needs, *e.g.* when the named carer is absent. In the case of continence care in the Early Years/KS1 setting, the names of staff identified by the Headteacher to undertake such care is displayed in the disabled toilet in the Infants' School.

Agreed care

Intimate care arrangements must be agreed by the Agency, parents/carers and child (if appropriate) and staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/carers and child (if appropriate). 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

Choice

Children should be involved in the planning of their intimate care and encouraged to be as independent as possible in their personal care. Where the child is fully dependent, the member of staff delivering the care should talk with him or her about what is going to be done, giving the child choices where possible. Staff members should check their practice by asking the child/parent about any likes/dislikes while carrying out intimate care (see *Appendix 7*).

Wherever possible, boys and girls should be offered the choice of carer and second carer. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive – it should not be assumed that a child cannot make a choice. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

Consistency

Consistency of approach to care is essential; therefore effective communication between parents and school and other professionals is vital to share information and provide continuity of care.

Dignity

All children should be treated with dignity and respect, and privacy appropriate to the child's age and situation must be ensured.

Communication

Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing. Staff have a responsibility to ensure they are aware of the method and level of communication for the child they are caring for. If appropriate, communication needs must be recorded (see *Appendix 7*). To ensure effective communication:

- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.

6.3 Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist, unless the IEP or care plan provides for a member of the school staff undertaking part of the physiotherapy regime (such as assisting children with exercises). In this case 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 and provide written confirmation to the Headteacher of the staff member's proficiency to carry out the procedure.

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

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist or Occupational Therapist, as appropriate.

Massage

Massage is commonly 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.

It is recommended that 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.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

6.4 Medical Procedures

Pupils who are disabled may 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 health care plan or IEP and will only be carried out by staff who have been trained to do so.

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

First Aid

Any members of staff who administer first aid should be trained to at least Emergency First Aid standard (1-day). 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.

6.5 Record keeping

Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents/carers and child (if appropriate).

Intimate care arrangements should be reviewed at least six-monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Where a care plan or IEP is **not** in place, parents/carers will be informed the same day (by telephone or in person) if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself).

6.6 Safeguarding

The Governors and staff recognise that pupils with medical or special educational needs are particularly vulnerable to all types of abuse. The Trust's child protection procedures will be rigorously adhered to in all matters of intimate care.

Intimate care is often carried out by one staff member/carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort or safety of the child or the child prefers two persons.

The intimate care of boys/girls can be carried out by a member of staff of the opposite sex but, where possible, children should be given a choice of carer. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

When intimate care is being carried out, all children have the right to dignity and privacy *i.e.* they should be appropriately covered, the door closed or screens / curtains put in place.

If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

If during intimate care the child is accidentally hurt, or the child appears to be sexually aroused by the carer's actions, or misunderstands or misinterprets something, the staff member should reassure the child, ensure their safety and then report the incident immediately to the Designated Senior Person (DSP). The DSPs are:

Crabtree Infants' School Sally Pattrick

Crabtree Junior School Ian Pattrick

If the staff member providing intimate care has any concerns (e.g. he or she observes unusual markings, discolouration or swelling, including the genital area), or if another staff member has concerns about a colleague's intimate care practice, these must be reported to the DSP.

A written record of concerns must be made and kept in the child's personal file. The record should include notes of any unusual emotional or behavioural response by the child and this should be reported. Parents/carers must be informed about concerns.

The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with school policy and procedures

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

7 Ensuring a good education for children who cannot attend school because of health needs

The Crabtree Academy Trust has based its policy on the statutory guidance on *Supporting pupils at school with medical conditions* (DfE, September 2014) as well as the guidance for local authorities on *Ensuring a good education for children who cannot attend school because of health needs* (DfE January 2013). Guidance is also taken from the HCC model policy on *Access to Education for Children and Young People unable to attend School for Medical Reasons* (Publication CSF 3956, Issued March 2009)

The staff and governors understand that long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. This includes children who are physically ill or injured, and also those with mental health problems. Equally, the Trust recognises that short-term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Where a pupil is unable to attend school for medical reasons, the Trust's aim is to minimise the interruption and disruption to the pupil's schooling by continuing education as normally as the child's condition permits, so he/she does not fall behind when they are unable to attend. As soon as the child is well enough, staff will work towards reintegrating him/her sensitively back into school; the reintegration will be properly supported so that children fully engage with learning.

Children with medical needs will not be disadvantaged regarding admissions to schools within the Crabtree Academy Trust and will remain on the school roll during any period of absence because of medical needs. Children will not be penalised for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

7.1 Designated Teacher

The designated teacher at the Crabtree Academy Trust responsible for ensuring that the needs of all pupils with medical needs are met is the Inclusion Manager, Anna Baillie-Lane. She will take an active and continuing role in the pupil's educational, social and emotional progress.

The Designated Teacher will ensure that wherever possible facilities are available to meet the pupil's individual needs in school.

The Trust will at all times aim to work in partnership with parents or carers to ensure the best possible outcomes and a return to school as soon as possible.

The Designated Teacher will have the responsibility for liaising with the Education Support Team for Medical Absence (ESTMA), parents or carers and various agencies where a pupil is too ill to attend school. This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support;

- Early identification
- Referrals
- Personal education plans
- Reintegration into school
- Pupils working towards public examinations
- Involvement of the pupil
- Evaluation of provision

7.2 Early Identification and Referral

All staff take responsibility for the identification of children who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher, support staff and class teachers.

All staff will support the designated teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term, e.g. providing work to be done at home in the first instance. The Designated Teacher will then discuss a referral to ESTMA with the parents/carer and will fill in a Single Service Request Form clearly identifying ESTMA as the requested provider and request medical evidence from the parent/carer.

The school will ensure that where pupils with long-term and recurrent conditions are absent, ESTMA is informed and medical evidence secured. Following the acceptance of the referral the school staff will communicate with other parties, attend reviews and facilitate communication between the pupil and the school.

7.3 Personal Education Plans

The plan will set out the education that will be delivered during the period of absence from school. It is an ongoing document or set of documents that will be updated and revised at each review meeting according to the child's medical and educational needs.

The school will provide work and materials for pupils who are absent from school because of medical needs. Strategies for ensuring support in cases of long-term absences will include the provision of pupil assessment information, a current programme of work, curriculum plans and schemes of work.

The Trust will work with ESTMA staff to ensure continuity of education and the Designated Teacher will initially arrange for the setting, collection and marking of work, depending on the child's needs. A flexible approach will be needed to take into account any gaps in a pupil's learning resulting from missed or interrupted schooling.

7.4 Reintegration

The Trust recognises the key role it can play in ensuring successful reintegration of pupils returning after a period of illness. Together with ESTMA staff, school staff will provide support to assist a smooth reintegration back into school. Staff will work in partnership with parents, Children's Services and medical staff, to ensure a flexible approach to meeting the pupil's needs. Staff will involve the young person's peers to ensure they support the pupil's reintegration. The school will consider exempting pupils from the full range of national curriculum arrangements on a temporary basis whilst they readjust to normal school life.

7.5 Involvement of the pupil

As far as possible, children with health needs who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school. The school will ensure that pupils who are absent because of medical needs are kept informed about school social events, and extra-curricular activities. Staff will encourage contact with peers through visits, cards and e-mails where possible and will ensure that all procedures and arrangements take account of pupils' views.

The Trust will work together constructively with local authorities, schools, providers, relevant agencies and parents to ensure the best outcomes for the pupil. Where alternative provision is appropriate the Trust will seek to ensure that it, and the support framework which surrounds it, will enable the pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system. This support framework will include a structured understanding and assessment of the needs of a pupil, and appropriate referral and reintegration that focuses on the pupil's interest and appropriate outcomes rather than processes.

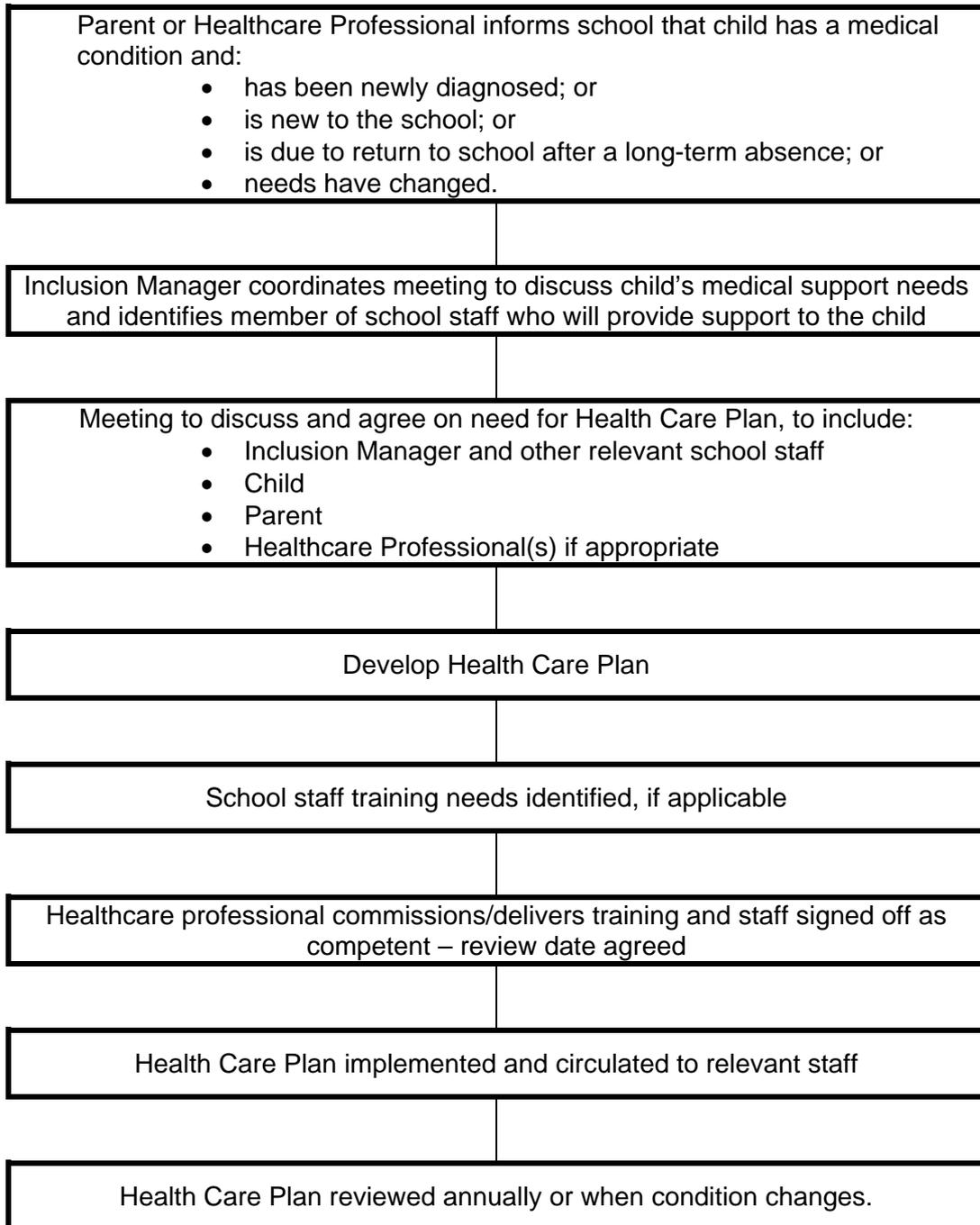
8 Complaints

Should parents or pupils be dissatisfied with the Trust's arrangements for supporting children with medical conditions, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's complaints procedure.



Crabtree Academy Trust

Appendix 1: Procedures to be followed on notification of a child's medical condition





Crabtree Academy Trust
Appendix 2: Pupil Health Care Plan

Child's name Class

Date of birth.....

Child's address.....

.....

.....

.....

Medical diagnosis or condition

.....

Date.....

Review date

Family Contact Information

	Parent /Guardian 1	Parent /Guardian 2
Name		
Work no.		
Home no.		
Mobile		

Clinic/Hospital Contact

Name.....

Phone no.

G.P.

Name.....

Phone no.

Describe medical needs and give details of child's symptoms

.....
.....
.....
.....

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

.....
.....
.....
.....

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

.....
.....
.....
.....

Follow up care

.....
.....
.....
.....
.....

Who is responsible in an emergency (state if different for off-site activities)

.....
.....
.....
.....

Form copied to:



Crabtree Academy Trust

Appendix 3: Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form.

Child's name Class

Name and strength of medicine

Date dispensed Expiry date

Number of tablets/quantity given to school

Note: Medicines must be in the original dispensing container. For controlled medicines, no more than one week's supply must be given at a time.

Dosage (i.e. how much to given)

Timing (i.e. when to be given)

Any other instructions (i.e. how many days to be given)

All unused medicines to be returned to the Parent/Guardian at the end of the prescribing period

Daytime phone no.
of parent or adult contact

Name and phone no. of GP

.....

Agreed review date

I accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school administering medicine in accordance with the school policy. 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.

Parent/ Guardian Signature.....

Print name..... Date.....

Headteacher's Authority: I agree that the above medication can be administered within school hours as detailed above and will be supervised by

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

If more than one medicine is to be given a separate form should be completed for each one.



Crabtree Academy Trust

Appendix 4: Record of medicine administered to an individual child

This page to be printed on reverse of
Parental agreement for school to administer prescribed medicine

Name of member of staff receiving medicine

Staff signature

Signature of parent.....

Check that details of medicine, dosage and frequency of dose agree with Parental Agreement

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



Crabtree Academy Trust

Appendix 5: Parental agreement for another adult / non-staff member to administer medication to their child

If a dose or application of medication is required during the school day, parents will be asked to come to the School Office at the appropriate time to administer the medicine to their child and then take the medicine away with them. If the parents are unable to come to the school, they may authorise another adult to come to school on their behalf to administer medication, and will need to complete this form in order for any such medication to be given to their child. **No child in the school will be given any medicines without their parent's written consent.**

I give authority to(name of person to whom authority is delegated and who must be 18+) to come to the school to administer medication to my child on my behalf. This person understands that if they are not known by the school they may be asked for proof of identity.

Child's name Class

Date(s) and times when medicine to be given.....

Daytime phone no. of parent

Daytime phone no. of delegated person

Parent/ Guardian's Signature

Print name.....

Date.....

Disclaimer: The Trust takes no responsibility for checking any medication given by the delegated adult named above. The school's only duty is to confirm the identity of the person administering the medication.



Crabtree Academy Trust

Appendix 6: Intimate Care Plan

Child's Name:		D.O.B:	Male/Female
Description of Intimate Care Needs (please continue overleaf if necessary)			
<p>Task: If practical, it may be possible to identify one part of the intimate care procedure which gives the child/young person an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.</p>			
Action Plan – Describe the steps needed to achieve this task			
1. 2. 3. 4.			

The following people will be assisting in the above activities:

Named Person or Persons:

.....

Additional people who may be involved to cover when the named people are absent:

.....

.....

I am in agreement with the above procedures being undertaken:

Parent / Guardian Date

Named Persons assisting with care.....

.....

.....

Inclusion Manager Date

Review date:



Crabtree Academy Trust

Appendix 7: Communication Pro Forma

Name:	
How I Communicate	
I communicate using words / signs / communication book / communication aid / body movements.	
I indicate my likes / preferences by:	
I indicate my dislikes by	
I show I am happy by	
I show I am unhappy by	
<i>For continence care, if applicable:</i>	
When I need to go to the toilet, I	
When I need changing, I	
Any additional information	

Signature of Parent/Guardian

Date

Signature of Keyworker(s).....

.....

Inclusion Manager

Date

Review date: