



**Medical Conditions,  
First Aid and Adminstrating Medication  
Policy (including Intimate Care)**

<b>Date of Review:</b>	<b>April 2019</b>
<b>Approved / Adopted by the Governing Body:</b>	<b>February 2018</b>
<b>Date of Next Review:</b>	<b>January 2020</b>

## Policy Statement

- Longfield Academy is an inclusive community that aims to support and welcome pupils with medical conditions
- The school aims to provide all pupils with medical conditions the same opportunities as others at school. We will help to ensure they can:
  - be healthy
  - stay safe
  - enjoy and achieve
  - make a positive contribution
  - achieve economic well-being
  
- We will ensure all staff understand their duty of care to children and young people in the event of an emergency
- We will ensure all staff are confident regarding what action to take in an emergency
- We understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- All staff are aware of the common medical conditions that affect children at this school. Staff will be informed if appropriate of any specific medical condition affecting a child at school and offered help, support and training as relevant to support the child
- We understand the importance of medication being taken as prescribed by a medical practitioner
- Longfield Academy will ensure that the whole school environment is inclusive and favourable to pupils with medical conditions this includes the physical environment by including them in social, sporting and educational activities
- We encourage all pupils to take part in sports, games and activities. All PE staff are aware of potential triggers for medical conditions and the school ensures that these pupils have the correct medication/food with them to allow participation and will make appropriate adjustments to make physical activity available to all
- We understand that in addition to the educational impact, there are social and emotional implications associated with medical conditions; and that long term absences due to health problems affect children's educational attainment and impact on their ability to integrate with their peers, as well as affecting their general wellbeing and emotional health
- Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the schools SEND code of practice. This policy has been updated to reflect the Children and Families Act 2014 arrangements for supporting pupils at school

***This policy is reviewed in line with the school's policy review timeline***

## **The role of the Local Governing Body**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at school with medical conditions. The aim of this document 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.

The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so, they will ensure that such children can access and enjoy the same opportunities at school as any other child.

## **The school nurse**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. The school nurse works closely with the schools nominated staff to ensure that a child's medical needs are met and that the school staff are offered training and support as appropriate.

## **Other health care professionals**

May provide advice on individual needs in relation to health care plans and will be able to provide support for children with particular needs (e.g. asthma, epilepsy and diabetes).

## **Parents**

Should provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the development and review of their child's individual health care plan. Once a health care plan has been drawn up, it will be sent home for the parent to check and sign and return to school.

## **Pupils**

Pupils with medical conditions will be fully involved in any discussions about their health care plan and given the opportunity to contribute as much as possible to the development of the plan.

The named members of school staff who will manage the Individual Health Care Plans are Kirsty Thomas and Christine Humphrey. This process is managed by Peter Haylock

## **Managing Medication/Individual Health Care Plans**

Once an Individual Health Care Plan has been drawn up between the school, parents, child and any other agencies involved i.e. Asthma Nurse, School Nurse, CAMHS, the school will ensure that this information is given to all First Aiders within the school. This information is also disseminated to all relevant staff and is available for all educational visits etc.

Where parents have advised school that their child cannot manage their own medication, identified staff will be advised how and where to access it and what is required to assist the child to access their medication/treatment. This will be discussed with the parent, child and nominated member of staff.

All Individual Health Care Plans will be reviewed annually or as soon as there is a change to the child's medical needs.

We hold training on medical conditions at least once a year. This includes reviewing children with individual health care plans. Regular visits are also made by the school nurse, diabetic nurse etc. Any other training will be arranged as appropriate to the needs of the individual..

All staff will be informed of medical conditions at the start of the academic year and this information is updated as and when necessary throughout the year. Temporary staff and supply staff will be given relevant information as required regarding pupils with medical conditions.

Action for staff to take in an emergency, for the more common serious conditions at this school, are displayed in prominent locations around the school e.g. staffroom, first aid room and canteen.

Where required pupil risk assessments will be completed by nominated staff in conjunction with all stakeholders and will be made available to staff. This includes risk assessments for school visits, holidays and other school activities outside of the normal timetable.

In an emergency situation, staff are required, under common law duty of care to act like any reasonably prudent parent. This may include administering medication. All staff know what action to take in the event of an emergency. This includes how to contact emergency services, what information to give and who to contact within school. If a child needs to be taken to hospital a member of staff will always accompany them and stay with them until a parent arrives. The school will try to ensure that the member of staff accompanying the child will be one the child is familiar with. Where appropriate the co-ordination of medical assistance and contact of emergency services and parents will be done by nominated staff within the school.

All staff are made aware that there is no longer a legal or contractual duty for any member of staff to administer medication or to supervise a child taking medication unless they have been specifically contracted to do so.

Members of the admin staff take on the voluntary role of administering medication. Dosages should be checked by another member of staff before administering medication to a child. No medication will be administered without seeking consent from a parent.

In certain circumstances medication should only be administered by an adult of the same gender as the child, and preferably witnessed by a second adult.

If a child refuses their medication, staff will record this and follow appropriate procedures. Parents should be informed as soon as possible.

All use of medication defined as a controlled drug, even if the child can administer the medication themselves, should be done under the supervision of a named member of staff.

Children are not encouraged to carry their own medication around school, unless it is specified within their individual health care plan and they are competent to do so. All pupils carry their emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visit.

All medication should be stored under secure conditions within the main office and only key holder staff may have access to this cabinet. There is also a medication fridge within school which is used to hold all medication requiring cold storage. Asthma inhalers, blood glucose testing meters and adrenaline pens are readily available from the school office first aid room to appropriately trained staff/pupils.

Staff leading on school visits will be informed of any medical conditions which may require treatment before the school visit and given any necessary medication and a copy of the Individual Health Care Plan.

Medicines will be administered at school when it would be detrimental to a child's health or school attendance not to do so.

We can only accept medication which is prescribed by a GP and which is clearly labelled with the pharmacist's label detailing dosage, name, frequency of medication etc. The exception to this is painkillers such as Paracetamol/Ibuprofen which require parental consent. We will continue to administer this medication, if we have been able to obtain parental consent. If a child requires medication such as paracetamol on a more regular basis, parents can send in a small supply of medication and complete a medication request form, and providing all criteria has been met we will issue this medication as and when required.

Parent/Carers of any child, who has an on-going medical condition which requires administration of medication in school, should contact school to devise an individual health care plan and discuss how medication is brought into school.

It is the parent's responsibility to ensure new and in date medication is received into school.

Parent/Carers must agree that any surplus medication not collected at the end of the week/term is taken to the local pharmacy for safe disposal.

If possible, where a child is taking medication in school, which requires a drink, it would be advisable to also bring a small bottle of water, labelled with their name to be kept in school.

When a child is deemed competent to administer their own medication after discussion with parents and any other health professional, they will be encouraged to take responsibility for managing their own medication and this will be reflected within the Individual Health Care Plan.

All medication which is administered will be recorded on the school system and copies of Individual Health Care Plans are available in the main office and also on the schools SIMS system.

At the end of each term, expiry dates of all medications are checked, and if necessary parents are contacted to collect expired medication and bring new supplies in, if appropriate, at the start of the following term.

### **Risk assessments**

Risk assessments are carried out by the nominated school staff, prior to any out-of-school visit and medical conditions are considered during this process. Factors to be considered include: how all pupils will be able to access the activities proposed, how routing and emergency medication will be stored and administered, and where help can be obtained in an emergency.

We understand that there may be additional medication, equipment or other factors to consider when planning residential visits. The school will make additional medication and facilities available for visits.

Risk assessments are carried out before pupils start work experience or off-site educational placement. A meeting will be held with all relevant stakeholders to discuss the activity concerned and make any reasonable adjustments to ensure the pupils participation.

### **Emergency Inhaler**

We hold an emergency salbutamol inhaler for the treatment of pupils with asthma. The school held inhaler can be used when a pupil's prescribed medical inhaler is not available, provided we have received written consent from the parent/carer. The school will seek consent from any parent/carer of a child with asthma on an annual basis or when newly diagnosed. (see attached letter)

### **Defibrillator**

We have Automated External Defibrillators (AED) located within the Main Reception and Sports Hall reception areas

### **Incident Co-ordinator**

Where there is a serious Medical or First Aid situation, an Incident Co-ordinator will be called to assist. The Incident Co-ordinator will make contact with the emergency services, complete the Incident co-ordinator proforma, contact parents and liaise with other staff to ensure that the areas is clear of pupils, staff and visitors as appropriate and complete a Post-Accident/Injury Review.

### **Asthma Emergency Procedures**

*(in cases of Emergency a First Aider and Incident Co-ordinator must be present)*

### **Common signs of an asthma attack:**

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest and a tummy ache

### **Do . . .**

- keep calm
- encourage the pupil to sit up and slightly forward – do not hug them or lie them down and make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer and ensure tight clothing is loosened
- reassure the pupil

### **Call for an ambulance if...**

- the pupil's symptoms do not improve in 5–10 minutes. Continue to make sure the pupil takes two puffs of reliever inhaler every two minutes for five minutes or until their symptoms improve
- the pupil is too breathless or exhausted to talk
- the pupil's lips are blue
- you are in any doubt. Ensure the pupil takes two puffs of their reliever inhaler every two minutes until the ambulance arrives
- The Incident Co-ordinator will complete the Incident pro-forma and Post Accident/Injury Review documents as necessary

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school
- When the pupil feels better they can return to school activities
- The parents/carers must always be told if their child has had an asthma attack either by telephone and if they have used the school emergency use inhaler

### **Important things to remember in an asthma attack**

- Never leave a pupil having an asthma attack
- If the pupil does not have their inhaler and/or spacer with them, send someone to the office to get their spare inhaler and/or spacer
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing

- Send a pupil to get another first aider/incident co-ordinator, if an ambulance needs to be called
- The incident co-ordinator will contact the pupil's parents/carers immediately after calling the ambulance
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved

**Use of Emergency Salbutamol Inhaler** (*permission from parents*)

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

**\*Sample of letter regarding use of inhaler \*\***

Date \_\_\_\_\_

Dear Parent/Carer

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This letter is to formally notify you that \_\_\_\_\_ has had problems with

his/her breathing today. This happened when \_\_\_\_\_

- A member of staff helped them to use their asthma inhaler.
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_\_\_ puffs.
- Their own asthma inhaler was not working/out of date, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given \_\_\_\_\_ puffs.

(delete as appropriate)

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Longfield Academy

## **Anaphylaxis Emergency Procedures**

*(in cases of Emergency a First Aider and Incident Co-ordinator must be present)*

Anaphylaxis has a whole range of symptoms

Any of the following may be present, although most pupils with anaphylaxis would not necessarily experience all of these:

- generalised flushing of the skin anywhere on the body
- nettle rash (hives) anywhere on the body
- difficulty in swallowing or speaking
- swelling of throat and mouth
- alterations in heart rate
- severe asthma symptoms (see asthma section for more details)
- abdominal pain, nausea and vomiting
- sense of impending doom
- sudden feeling of weakness (due to a drop in blood pressure)
- collapsed and unconsciousness

### **Do . . .**

- If a pupil with allergies shows any possible symptoms of a reaction, immediately seek help from a First Aider and request an Incident Co-ordinator to be present

### **Anaphylaxis emergency procedures**

- Ensure all members of staff know who is a trained First Aider. The trained First Aider should:
  - Assess the situation and call for the assistance of an Incident Co-ordinator
  - follow the pupil's Individual Health Care Plan closely (if in place)
  - Administer appropriate medication in line with perceived symptoms.
- The Incident Co-ordinator will call 999 for an ambulance using the Emergency Contact Pro-forma document, If they consider that the pupil's symptoms are cause for concern and detail:
  - the name and age of the pupil.
  - that you believe them to be suffering from anaphylaxis
  - the cause or trigger (if known)

- the name, address and telephone number of the school and call the pupil's parents/carers

### **Call for an ambulance if ....**

- Symptoms are potentially life-threatening, give the pupil their adrenaline injector into the outer thigh. Make sure the used injector is made safe before giving it to the ambulance crew. Either put it in a rigid container or follow the instructions given at the anaphylaxis training
- Make a note of the time the adrenaline is given in case a second dose is required and also to notify the ambulance crew
- On the arrival of the paramedics or ambulance crew the Incident Co-ordinator and First Aider should inform them of the time and type of medicines given. All used adrenaline injectors must be handed to the ambulance crew
- The Incident Co-ordinator will complete the Incident pro-forma and Post Accident/Injury Review documents as necessary

### **After the emergency**

- After the incident carry out a debriefing session with all members of staff involved
- Parents/carers are responsible for replacing any used medication. Do not cancel an ambulance once called, even if the pupil's condition appears to have improved.

### **Diabetes Emergency Procedures Hyperglycaemia**

*(in cases of Emergency a First Aider and Incident Co-ordinator must be present)*

If a pupil's blood glucose level is high and stays high

Common symptoms:

- thirst
- frequent urination
- tiredness
- dry skin
- nausea
- blurred vision.

### **Do . . .**

- Call the pupil's parents who may request that extra insulin be given and bloods will be checked again after 30 minutes

- The pupil may feel confident to give extra insulin
- The Incident Co-ordinator or First Aider should call 999 if the following symptoms are present:
  - deep and rapid breathing (over-breathing)
  - vomiting
  - breath smelling of nail polish remover.

## Hypoglycaemia

What causes a hypo?

- too much insulin
- a delayed or missed meal or snack
- not enough food, especially carbohydrate
- unplanned or strenuous exercise
- drinking large quantities of alcohol or alcohol without food

Symptoms can include:

- hunger
- trembling or shakiness
- sweating
- anxiety or irritability
- fast pulse or palpitations
- tingling
- glazed eyes
- pallor
- mood change, especially angry or aggressive behaviour
- lack of concentration
- vagueness
- drowsiness

**Do . . .**

- Immediately give something sugary, a quick-acting carbohydrate such as one of the following:
  - a glass of Sports Drink, coke or other non-diet drink
  - three or more glucose tablets
  - a glass of fruit juice
  - GlucoGel (if available from Pupil's Diabetic Kit) the exact amount needed will vary from person to person and will depend on individual needs and circumstances. After 10 – 15 minutes recheck the blood sugar again. If it is below 4 give another sugary quick acting carbohydrate. This will be sufficient for a pump user but for pupils who inject insulin a longer-acting carbohydrate will be needed to prevent the blood glucose dropping again

- If the pupil still feels hypo after 15 minutes, something sugary should be given again
- When the child has recovered, give them some starchy food, as above

### **Call for an ambulance if ....**

- If the pupil is unconscious
- If the pupil is not recovering

### **Epilepsy Emergency Procedures**

*(in cases of Emergency a First Aider and Incident Co-ordinator must be present)*

First aid for seizures can help prevent a child from being harmed by a seizure. First aid will depend on the individual child's epilepsy and the type of seizure they are having.

Some general guidance is given below, but most of all it is important to keep calm and know where to find help.

### **Tonic-clonic seizures**

#### **Symptoms:**

- the person loses consciousness, the body stiffens, then falls to the ground
- this is followed by jerking movements
- a blue tinge around the mouth is likely, due to irregular breathing
- loss of bladder and/or bowel control may occur
- after a minute or two the jerking movements should stop and consciousness slowly returns

#### **Do . . .**

- Protect the person from injury – (remove harmful objects from nearby)
- Cushion their head
- Quietly clear the classroom/area of around the child if you think this is necessary
- Once the seizure has finished, gently place them in the recovery position to aid breathing.
- Keep calm and reassure the person
- Stay with the person until recovery is complete
- Fill in seizure record form for the child file and send copy to parents/GP
- The Incident Co-ordinator will complete the Incident pro-forma and Post Accident/Injury Review documents as necessary

### **Don't . . .**

- Restrain the pupil
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger
- Give the pupil anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call for an ambulance if . . .**

- You believe it to be the pupil's first seizure
- The seizure continues for more than five minutes
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures
- The pupil is injured during the seizure
- You believe the pupil needs urgent medical attention. Seizures involving altered consciousness or behaviour

### **Simple partial seizures**

#### **Symptoms:**

- twitching
- numbness
- sweating
- dizziness or nausea
- disturbances to hearing, vision, smell or taste
- a strong sense of déjà vu

### **Complex partial seizures**

#### **Symptoms:**

- plucking at clothes
- smacking lips, swallowing repeatedly or wandering around
- the person is not aware of their surroundings or of what they are doing

### **Atonic seizures**

#### **Symptoms:**

- sudden loss of muscle control causing the person to fall to the ground. Recovery is quick

## **Myoclonic seizures**

### **Symptoms:**

- brief forceful jerks which can affect the whole body or just part of it. The jerking could be severe enough to make the person fall

## **Absence seizures**

### **Symptoms:**

- the person may appear to be daydreaming or switching off
- They are momentarily unconscious and totally unaware of what is happening around them

### **Do . . .**

- Guide the person away from danger
- Stay with the person until recovery is complete
- Keep calm and reassure the person
- Explain anything that they may have missed
- Quietly clear the classroom/area of around the child if you think this is necessary
- Fill in seizure record form for the child file and send copy to parents/GP
- The Incident Co-ordinator will complete the Incident pro-forma and Post Accident/Injury Review documents as necessary

### **Don't . . .**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round.

### **Call 999 for an ambulance if . . .**

- One seizure follows another without the person regaining awareness between them
- The person is injured during the seizure
- You believe the person needs urgent medical attention
- Do not cancel an ambulance once called, even if the pupil's condition appears to have improved
- Fill in seizure record form for the child file and send copy to parents/GP
- The Incident Co-ordinator will complete the Incident pro-forma and Post Accident/Injury Review documents as necessary



**INDIVIDUAL HEALTH CARE PLAN**

Name	
Date of Birth	
Address	
Name of Parent/Carer	
Contact Telephone Number	
Emergency Contact Name	
Telephone number if different from above	
Doctor's Name	
School Doctor (if applicable)	
School Nurse	
Any other personnel involved i.e. physiotherapist	

**Nature of medical difficulty:**

**How is the pupil affected:**

**Emergency Procedures:**

**Named member of staff to offer support:**

(Include cover support if member of staff not available)

**Specific Support for educational, social and emotional needs:**

(How will absences be managed, exam requirements, extra time etc, access to counsellor)

**Treatment required in school:**

*\*\* Following discussions with parent/carers, pupils and any other relevant parties, a pupil may administer their own medication if deemed capable to manage their own medication regime*

I confirm that the information given on this individual health care plan is correct and authorise Longfield Academy to administer medication in accordance with the instructions detailed above.

I confirm that I will inform school of any changes in medication or treatment as soon as possible.

I confirm that a weekly supply of medication will be handed into school; by myself or another nominated adult and that any surplus medication will be collected on a weekly basis. I authorise Longfield Academy to destroy any medication not collected.

Signature of parent/carers \_\_\_\_\_

Accepted by \_\_\_\_\_

(on behalf of Longfield Academy)



## EPILEPSY CARE PLAN

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parental contact number: \_\_\_\_\_

Type of seizure/s experienced: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Possible triggers: \_\_\_\_\_

Usual procedure following seizure: \_\_\_\_\_

\_\_\_\_\_

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Prescribed anti-epileptic medication: \_\_\_\_\_

Where medication is stored: \_\_\_\_\_

Member of staff responsible for replenishment of medication: \_\_\_\_\_

Staff trained to give medication: \_\_\_\_\_

Member of staff responsible for Home/School liaison: \_\_\_\_\_

Emergency procedure if seizure lasts for more than minutes.

1. Member of staff to stay with to ensure safety.
2. Quietly clear the classroom/area of around the child if you think this is necessary.
3. Trained member of staff (see above) to give rectal diazepam/buccal midazolam with witness of same sex present (if possible).
4. If needed, telephone 999, ask for Ambulance Service, give name of child, address and telephone number of school.
5. Telephone parents.

6. Inform Head of School

7. Stay with until ambulance arrives.

8. If parents have not arrived by this time a member of staff will accompany to the hospital in the ambulance.

9. Fill in seizure record form for the child file and send copy to parents/GP.

I confirm that the information given on this care plan is correct and authorise Longfield Academy to administer medication in accordance with the instructions detailed above.

I confirm that I will inform school of any changes in medication or treatment as soon as possible.

I confirm that a weekly supply of medication will be handed into school; by myself or another nominated adult and that any surplus medication will be collected on a weekly basis. I authorise Longfield Academy to destroy any medication not collected.

Signature of parent/carer \_\_\_\_\_

Accepted by \_\_\_\_\_

(on behalf of Longfield Academy)







**Administration of Medication in Educational Establishments and Offsite Activities**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I request that my child be given the following medication which has been prescribed by a **registered medical practitioner**:

<b>Name of Medicine:</b>	
<b>Dosages:</b>	
<b>Methods of administering medicine:</b>	
<b>At the following times during the day:</b>	

I understand that the medicines must be delivered personally by me to Longfield Academy and this is a service which is subject to agreement with Longfield Academy.

Signed (Parent/Carer):	
Print Name:	
Date:	
Address:	

**Notes:**

1. The establishment will not administer medication unless this authorisation is completed and signed by the parent/guardian of the child.
2. The Governors and Head of School/ Head of Establishment reserve the right to withdraw this service.



## Individual Health Care Plan ~ Flowchart

Parent or health care professional informs the school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Head Teacher or delegated member of school staff, co-ordinated a meeting to discuss child's medical support needs; and identifies member of school staff who will provide support for child



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant health care professional and other medical/health clinician as appropriate. (Written evidence may be provide by them



Develop IHCP in partnership – agree who leads on writing it, input from health care professional must be provided where appropriate. Parents agreed and signed



School training needs identified



Health Care Professional commissions/delivers training and staff signed off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes, Parents or health care professional to initiate



## Staff Training Record Sheet

Type of Training:	
Date of Training:	
Training provided by:	
Profession and title:	

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

Attended by


Continue on separate sheet if required



**Emergency Services Contact Pro-forma**  
**(School premises)**

Telephone Number:	
Address: (include postcode)	
Your Name:	
Location : (Give details of location i.e. sports field)	
Name of injured person:	
Date of birth of injured person:	
Nature of emergency: (Give as much detail as you can)	
Entrance : Give details of best entrance to use and state that the crew will be met and taken to the patient	
Give details of best entrance to use and state that the crew will be met and taken to the patient	



## Emergency Services Contact Pro-forma

(Off site)

Telephone Number:	
Address: (include postcode)	
Your Name:	
Location : (Give details of location i.e. sports field)	
Name of injured person:	
Date of birth of injured person:	
Nature of emergency: (Give as much detail as you can)	
Entrance :	

## **Model letter to parents**

Date

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTH CARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual health care plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual health care plans are developed in partnership between the school, parents, pupils and the relevant health care professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual health care plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve (the following people – insert names). Please let us know if you would like us to invite another medical practitioner, health care professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual health care plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or another member of staff involved in the plan development or pupil support) would be happy for you to contact me (them) by email or to speak by phone if this would be helpful.

Yours sincerely

Name

Date

Dear Parent/Carer

### **Emergency Asthma Inhaler**

Schools have been able to buy salbutamol inhalers for emergency use in the treatment of pupils with asthma in school since the law changed recently. The school held inhaler can be used if a pupil's prescribed inhaler is not available.

The Department of Health guidance says *'The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication'*.

If your son or daughter has been diagnosed by a medical practitioner as having asthma and is being treated on an on-going basis, please complete the attached consent form below and return it to the Main Office.

If you require any further information or clarification, please do not hesitate to contact me.

Yours sincerely

Peter Haylock

Senior Assistant Head Teacher

## Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's address and contact details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

# Addendum 1



## **Intimate Care**

Longfield Academy

January 2018

## Introduction

This policy represents the agreed principles for intimate care throughout the school.

The following are the fundamental principles upon which the Policy and Guidelines are based:

- 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

Staff who work with young children or children/young people\* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as any care which involves washing, touching or carrying out procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Longfield Academy work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Longfield Academy is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Longfield Academy recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

## **LONGFIELD ACADEMY ~ APPROACH TO BEST PRACTICE**

### **Medical procedures (See medication policy and individual health care plans)**

All children who require intimate care will have a care plan drawn up with consultation with parent/carer, child, health professional and school staff.

All staff will be made aware of the procedures to be followed in respect of the child's care plan.

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

### **Medical Procedures**

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the 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.

Any members of staff who administer first aid should be appropriately trained in accordance with DfE guidance. 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.

Massage is now 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.

### **THE PROTECTION OF CHILDREN**

All Child Protection Procedures will be accessible to staff and adhered to. All staff carrying out Intimate Care responsibilities have received appropriate Child protection training.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to social care if necessary. Parents will be asked for

their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. (see Child Protection Policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures)

*\* where 'children' are mentioned in this document, the term will also include young people.*