



# St Peter's C of E Primary School

*Growing together in Knowledge, Wisdom and Faith*

## Supporting Pupils at School with Medical Conditions Policy (including Intimate Care & Children with Health Needs Who Cannot Attend School)

Person Responsible for this Policy	<b>SENCo</b>
Governor Responsible for this Policy	<b>SEN Governor</b>
Team Responsible for this Policy	<b>FGB</b>
Date Approved	<b>Spring 2023</b>
Season to be Reviewed by	<b>Spring 2025</b>
Policy Reference	<b>Kent &amp; The Key (Intimate Care)</b>

St Peter's Church of England Primary School aims to provide a happy, secure and Christian learning environment in which every child can achieve academic and personal success.

The Governors and Staff of St Peter's Church of England Primary School believe our school policies help us to continuously improve the school and ensure that each child is valued and encouraged. We recognise that all children have potential and through the school policies we aim to create a caring and well-ordered environment in which our school family can learn and develop.

Being a Church of England Primary school means we embrace the following Christian Values, which guide all aspects of school life and underpin our school policies.

**Joy**

**Friendship and Respect**

**Determination and Courage**

**Trust and Honesty**

**Kindness and Forgiveness**

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This policy is written in line with the requirements of:-

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies:

- SEN Policy
- Safeguarding Policy
- Complaints Policy

This policy was developed in consultation with governors and will be reviewed annually.

## Definitions of medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

**Short-term** affecting their participation at school because they are on a course of medication.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy and the individual healthcare plan will become part of the EHCP.

### **The statutory duty of the governing body**

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions.

The governing body of St. Peter's CE P School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to
  - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
  - Purchase and train staff in the use of defibrillators
  - Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

### **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mrs Joanna Langton, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Mrs Boo Smith, Deputy Headteacher, will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

Mrs Vicky Jenner, SENCo, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to St Peter's CEP School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In cases other cases, such as a new diagnosis or a child moving to St Peter's CEP School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

St Peter's CEP School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Mrs Boo Smith, and following these discussions, an individual healthcare plan will be written in conjunction with the parent/carers by Mrs Vicky Jenner and be put in place.

### **Individual healthcare plans**

Individual healthcare plans will help to ensure that St Peter's CEP School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

If consensus cannot be reached the Headteacher, Mrs Joanna Langton, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement of EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which St Peter's CEP School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

St Peter's CEP School will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that St Peter's CEP School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template A provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;

- Arrangements for written permission from parents/carer and the Headteacher, Mrs Joanna Langton, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

### **Roles and responsibilities**

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at St Peter's CEP School.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

**Pupils** with medical conditions will often be best placed to provide information about how their condition affects them. They 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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**Parents/carers** 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with

medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) [education for children with health needs who cannot attend school](#)

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

### **Staff training and support**

The following staff have received general training

#### **School first aiders (full certificate):**

Abigail Rawlings (October 2022)  
Aimee Green (October 2022)  
Amanda Charlwood (October 2022)  
Andrew Knox (October 2022)  
Boo Smith (October 2022)  
Catherine Borowska (October 2022)  
Claire Hussein (October 2022)  
Hannah Miles Mackenzie (October 2022)  
Isabel Brickle (October 2022)  
Jana Montazeri (October 2022)  
Janet Williams (October 2022)  
Jayne Sowerby (October 2022)  
Jenny James (October 2022)  
Jessica Ives (October 2022)  
Julie Byrne (October 2022)  
Laura Socaci (October 2022)  
Liz Missen (October 2022)  
Louise Muir-Goldberg (October 2022)  
Rebecca Owens (October 2022)  
Vicky Jenner (October 2022)



**Paediatric First Aiders:**

Lesley Page (September 2020)  
Lisa Owden (April 2021)  
Andrea Woods (May 2022)  
Fiona Gordon (January 2023)

**Epipen trained:**

Sarah Bankes (September 2022)  
Catherine Borowska (September 2022)  
Isabel Brickle (September 2022)  
Julie Byrne (September 2022)  
Amanda Charlwood (September 2022)  
Isobel Doyle (September 2022)  
Claire Hussein (September 2022)  
Jessica Ives (September 2022)  
Jenny James (September 2022)  
Vicky Jenner (September 2022)  
Andrew Knox (September 2022)  
Hannah Miles Mackenzie (September 2022)  
Elizabeth Missen (September 2022)  
Louise Muir-Goldberg (September 2022)  
Lisa Owden (September 2022)  
Rebecaa Owens (September 2022)  
Lesley Page (September 2022)  
Boo Smith (September 2022)  
Laura Socaci (September 2022)  
Jayne Sowerby (September 2022)  
Janet Williams (September 2022)  
Andrea Woods (September 2022)

**Named people for administrating medicines:**

Lesley Page  
Vicky Jenner  
Joanna Langton  
Boo Smith

Template C will be used to record staff training for administration of medicines and /or medical procedures.

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All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template C).

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Mrs Joanna Langton, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

### **The child's role in managing their own medical needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the school Office to ensure that the safeguarding of other children is not compromised. St Peter's CEP School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

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 will be informed so that alternative options can be considered.

### **Managing medicines on school premises and record keeping**

At St Peter's CEP School, the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent (see template B) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- We will not administer non-prescription medicines unless in exceptional circumstances and at the discretion of the Headteacher.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- St Peter's CEP School will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispense a pharmacist and include instructions for administration, dosage and storage. The

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

- All medicines will be stored safely in the school office. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, Mrs Lesley Page.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available state where and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. St Peter's CEP School will keep a record (see template B) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Emergency procedures**

Mrs Joanna Langton, Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

### Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

There are two defibrillators in the locality of the school in the Hawkenbury Recreation ground.

The Governing Body agrees that the school holds asthma inhalers on site for emergency use in accordance with:

[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/parental-agreement-to-use-emergency-salbutamol-inhalers-in-schools)

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### Unacceptable practice

Although staff at St Peter's CEP School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them 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 the school is failing to support their child's medical needs; or

- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

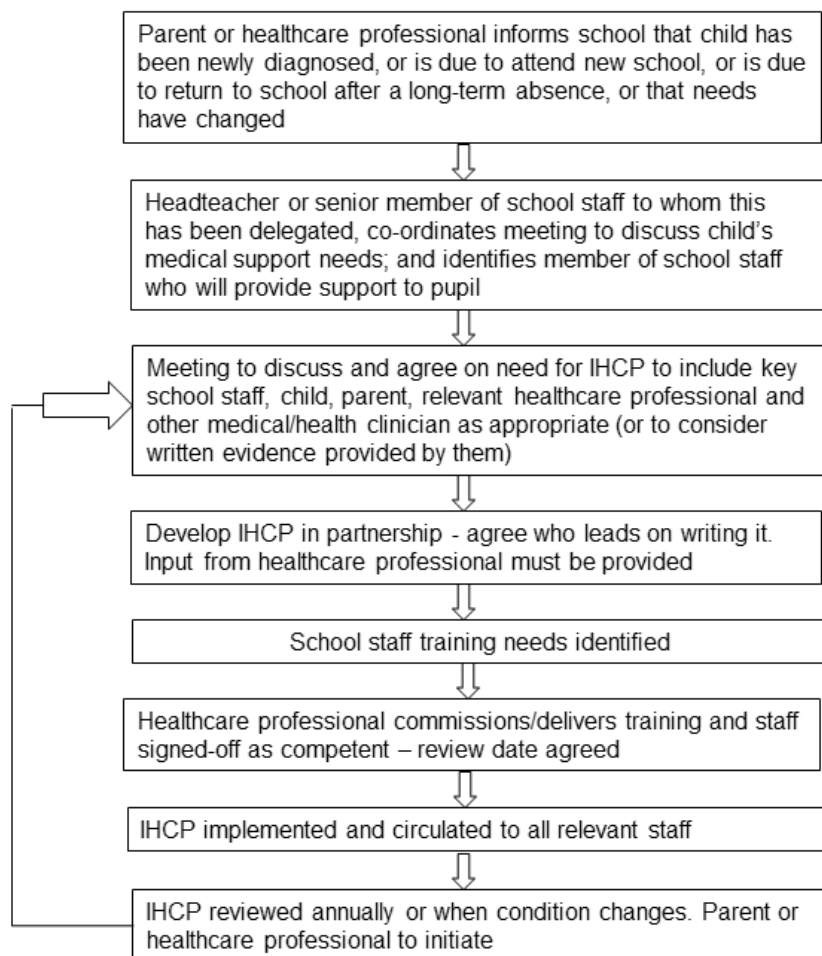
### **Liability and indemnity**

Our insurance programme is supplied by KCC under its Safehands Insurance Scheme.

### **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at St Peter's CEP School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the St Peter's CEP School Complaints Procedure.

## Annex A: Model process for developing individual healthcare plans





**Template A**

**St Peter's CEP School**  
Individual Healthcare Plan

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

**Family Contact Information**

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

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school?	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

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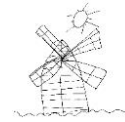


**Template B**

**St Peter's CEP School**

Request for school to administer medication

**NB Medicines must be in the original container as dispensed by the pharmacy.**



**DETAILS OF PUPIL**

Surname:.....Class:.....

Forename(s): ..... M / F ..... Date of Birth: .....

Condition or illness:  
.....  
.....

**MEDICATION**

Name/Type of Medication (as described on the container): .....

Date Medicine provided by parent:.....

For how long will your child take this medication?: .....

Date dispensed: ..... Expiry date: .....

Date for review of medication to be initiated by: .....

**FULL DIRECTIONS FOR USE:**

Dosage and method: .....

Date and Time:.....

Special Precautions: .....

Are there any side effects that the school needs to know about?: .....

.....

Self-Administration: Yes / No (*delete as appropriate*)

Procedures to take in an emergency: .....

**St Peter's CEP School**  
**CONTACT DETAILS**



Name: ..... Daytime Tel No: .....

Relationship to Pupil: .....

I understand that I must deliver the medicine personally to a member of staff.

Signature: ..... Date: .....

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**RECORD OF MEDICATION ADMINISTERED TO INDIVIDUAL CHILD**

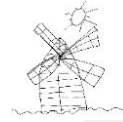
Date & Time	Name of Medicine	Dose Given	Signature of Staff	Print name

**Template C**

**St Peter's CEP School**

Staff training record

Administration of medicines and/or medical procedures



Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature .....

Date .....

**I confirm that I have received the training detailed above.**

Staff signature .....

Date .....

Suggested review date .....

## Intimate Care

### 1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of children are safeguarded.
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010.
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account.
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

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

### 2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

### 3. Role of parents

#### 3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form, an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

#### 3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

### 3.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

## 4. Role of staff

### 4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes teaching assistants.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### 4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures.

They will also be encouraged to seek further advice as needed.

## 5. Intimate care procedures

### 5.1 How procedures will happen

There should always be 2 members of staff present. [Procedures will be discussed with parents on an individual basis and agreement sought](#) as to who is caring out the intimate care and where this will take place.

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When carrying out procedures, the school will provide staff with: protective gloves, cleaning supplies, [nappy sacks](#), changing mats, bins and apron if necessary.

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For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

A dated log will be kept of each change and this will be signed by the two members of staff involved.

### 5.2 Concerns about safeguarding

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

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to Mrs Joanna Langton or one of the other DSL team as well as a first aider. A record would also be kept on CPOMS and parents would be informed.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

#### **6. Links with other policies**

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

## Appendix 1: Template intimate care plan

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

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

## Appendix 2: Template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I <b>do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	



## **Children with health needs who can not attend school**

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### **1. Aims**

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

### **2. Legislation and guidance**

This policy reflects the requirements of the Education Act 1996. The policy also refers to support from KCC.

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### **3. Kent Health Needs Education Service**

#### **Admissions/Referral**

##### **Introduction**

For those pupils too unwell to attend school, the key to successfully maintaining

continuity of education is for the local authority and schools to have clear strategies and timely support available.

For pupils not well enough to attend school, it is important that the local authority and schools have clear support available to successfully maintain a continuation of education.

[The Rosewood School](#) is run by the Kent Local Authority for children who are unable to attend school because of serious illness

It is recognised nationally in Statutory Guidance that pupils who continue in

education during their illness and recuperation are likely to recover more quickly with the minimum possible adverse effect on their educational and life outcomes.

The Health Needs Education Service in Kent (HNES) was set up in 2006 with multi agency agreed criteria to ensure county wide consistency, and to prevent children from 'falling through the net'.

##### **Criteria: The Disability Discrimination Act and Health/Medical Needs.**

Pupils with health needs which prevent them attending their home school may be considered disabled in terms of the Disability Discrimination Act (examples of this might include those with epilepsy, diabetes, brain injury, or degenerative neuro muscular conditions)

The school therefore needs to have regard to the duty imposed by the Act to make reasonable adjustments for the inclusion of such pupils and anticipatory planning should be part of the school's Disability Equality Scheme

Only after such consideration and reasonable adjustments have been made should the school consider referral to the Health Needs Education Service for provision of continuity of education as follows.

Pupils whose mental health needs are at Tier 3 (CAMHS).

Pupils whose physical health is evidenced by a hospital (paediatrician, consultant or registrar) to be too unwell to attend school. This applies to pupils whose cases are managed by hospitals within Kent as well as in more specialist hospitals in London and across the country.

Pupils whose illness has reduced their school attendance to less than 50% □ Pupils post 16 will be considered where schools will make a fresh referral and can provide renewed medical evidence to repeat a year

### **Pathway to Support**

When a school becomes aware that a pupil is unwell and their attendance has ceased or reduced to 50% or less, they have a duty to provide work to the pupil at home for 15 school days. During that time and if the illness is going to last longer, the school can apply to the HNES for an appropriately agreed package of support which might include the following types of support:

- Home Tuition
- Attendance at a base or satellite.
- Individual tuition in school.
- A combination/bespoke package as agreed by all parties.

All of the support programmes will include how the home school will maintain links with the pupil and their family to facilitate a successful reintegration.

While supported by the HNES, pupils will be dual rolled so any absence will be born by the Service and not the school's attendance figures.

### **Pupils with Statements of Special Educational Need (SEN)**

Where pupils with Statements of SEN develop additional health needs, the school will need to call an interim review meeting to agree the referral.

### **Admissions Process**

The school collects evidence from Health colleagues as described on the referral form (available on the HNES website or by direct request from the Service)

The school discusses the referral with parents/carers and young person, including reflecting their views in and obtaining their signature on, the documentation

The form is signed by the school Headteacher and sent to the relevant Service Headteacher (East Kent or West Kent) as indicated on the form

The referral is discussed at the weekly referral meetings attended by the Health Needs Service Headteachers and the Service Manager

The referring school is informed of the decision by post within 3 working days and usually by email.

Rosewood School is based at the following schools:

**Leybourne** - Woodview, 40 Teddington Drive, Leybourne, West Malling ME19 5FF

**Canterbury** - The Willows, City View, Canterbury CT2 8PT

**Staplehurst** (providing education for children who are attending the Kent and Medway Adolescent Unit in Staplehurst - NELFT).

Contact us using [The Rosewood School website](#) or by emailing [enquiries-leybourne@trs.kent.sch.uk](mailto:enquiries-leybourne@trs.kent.sch.uk).

For referral manager, M. Bignell, please email [m.bignell@trs.kent.sch.uk](mailto:m.bignell@trs.kent.sch.uk).

Referral form can be found on Kelsi under Rosewood - The Rosewood School - KELSI

N.B. Transport is arranged by the Head Teachers of the Centres

Exceptions - Pupils who are inpatients at Woodland House (Tier 4) are automatically admitted to Oakfields, the education centre attached to the hospital.

Pupils who are inpatients at out of county Tier 4 provision are also automatically eligible for support (home or base tuition) on their discharge back to Tier 3 Services in Kent.

#### **Exit Strategies**

Advice from Health professionals in collaboration with the HNES, home school, young person and parents will determine the appropriate time and pace of re-integration.

The package and process will be agreed by all parties and regularly reviewed.

The home school to provide support as needed.

When pupils are returning from Tier 4 (hospital provision in or out of county) and remain too unwell to return to school, the home school needs to complete the referral form. The provision will support the home school as needed.

Manager, Health Needs Education Service  
Room 2.07  
Sessions House Maidstone  
Kent, ME14 1XQ  
01622 696645

#### **5. Links to other policies**

This policy links to the following policies:

Accessibility plan

Supporting pupils with medical conditions