



Cheam Fields Primary School

Policy on Access to Education for Children and Young People with Medical Needs and Intimate Care

Date of Policy: Autumn 2017

Date of Review: Autumn 2020

1. Access to Education for Children and Young People with Medical Needs

- a) Cheam Fields adopts and follows the LEA Policy on Access to Education for children and young people with Medical Needs.
- b) Where a child is at home for an absence that is expected to be less than 15 school days and is not part of a pattern of recurring illness, we will make arrangements with the parents or carers about liaison and the provision of homework as soon as they he/she is able to cope.
- c) The Headteacher / Deputy Headteacher/SENCo will act as the designated link teacher for any pupil referred to the Hospital and Tuition Service. This link teacher will attend planning and review meetings, liaise with class or group teachers to provide work programmes and materials for pupils as appropriate.
- d) We will notify the Education Welfare Service if any pupil is, or likely to be, away from school for more than 15 school days.
- e) We will liaise with the Hospital and Tuition service to enable a joint personal education plan to be drawn up. This plan will cover the complete education for a pupil who is likely to be in hospital or at home for more than 15 school days and for pupils with chronic illness who regularly miss school. The education plan needs to be agreed with the appropriate health service personnel. The plan will come into effect as soon as the pupil is admitted into hospital or is unable to attend school.
- f) Class teachers' long and medium term planning can be adapted to form the personal education plan.
- g) We will provide the Hospital and Tuition Service with information about the curriculum for individual pupils, their progress and their ability, in order to facilitate continuity and suitable education to be provided.
- h) Regular review meetings should be held with the Hospital and Tuition Service, the parents and carers and involve the child where appropriate. Reviews may be needed more frequently where a pupil's illness exhibits unpredictable and changing patterns. The review meetings will be particularly important for pupils who are recurrent admissions to hospital, pupils with degenerative medical conditions and pupils approaching National Curriculum tests.

- i) In a complex case, we may consider if there is a need for assessment under the SEN Code of Practice for pupils with medical needs. We will ensure that pupils with medical needs, who also have statements of Special Educational Needs, have Annual Reviews of their statement.
- j) We will keep a pupil on roll even if he/she is unable to attend school for very lengthy periods.
- k) We will work with the Hospital and Tuition Service and Health personnel to ensure that an individual reintegration plan is in place for all pupils before they return to school. We will work with all the agencies involved to support a smooth transition and will ensure that we involve the child's peers in supporting reintegration to class.
- l) We will monitor and review the effectiveness of this policy for children and young people with medical needs in our cycle of reviewing policies.

2. Intimate Care

a) Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Cheam Fields Primary School 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. The school 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.

b) Approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so 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 will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

The child 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 him/herself as he/she 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. 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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more 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; ideally 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 whilst at the same time guarding against the care being carried out by a succession of completely different carers.

For children requiring regular intimate care, arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

c) The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

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 appropriate designated person for children protection.

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.

d) Health and Safety

Health and Safety advice for the school can be found in the Health and Safety Overview, available in the School Office and given to all members of staff who work with our children.

Further guidance can be found in the Safeguarding Information given to all staff.

3. Additional Guidance

a) Introduction

Schools often ask how they can ensure that an individual child's needs are met whilst having regard to the needs of all the other children within the school. There are a number of issues to consider when responding to an individual child's needs. The following advice/strategies are some suggestions as possible ways to actively promote inclusion and the welfare of pupils. The following guidance may also be helpful:-

b) Children wearing nappies

Staff may have concerns regarding Child Protection issues when they are asked by

parents to admit a child who is still wearing nappies and can refer their concerns and questions to the designated person for child protection. Parents of children with medical needs would be asked to use pull ups rather than nappies so that the children can be supported in becoming independent in changing themselves. This is also due to no changing facilities available at school.

c) Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in limited touch cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of limited touch will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

d) Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be aware of the school's view on Positive Handling.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction.

Physical force of this nature can, and is likely to, constitute a criminal offence.

e) Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their

age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or another member of staff.

Child protection need not present an issue. It is our practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task from the outset.

A note book will be used to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task.

f) Changing facilities

The disabled toilet will be used to change a child if required.

g) Equipment Provision

Parents should provide pull ups, disposal bags and wipes, etc.

Parents should be made aware of this responsibility. Schools are responsible for providing gloves to support staff in changing children.

Health and Safety

Staff should always wear gloves when dealing with a child who is bleeding or soiled, or when changing a soiled pull up. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designed for the disposal of such waste.

Staff should be aware of the school's Health and Safety policy.

h) Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the school should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those with communication difficulties) in regular reviews of these arrangements. Particular care must be taken in instances which involve the same pupil over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their line manager or other appropriate person.

i) First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should

be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

j) Seizures

If someone is having a seizure and you are not aware of any previous history of them having seizures, they must be made comfortable in a laying position, given space and at no time must they be restrained. Emergency services must be called immediately and the seizure must be timed, this information can then be passed on to the emergency services.

If someone is known to have seizures they will have a Care Plan created by either School Nursing/hospital team. The Care Plan is to be followed in the treatment of any seizure.

k) Administering Medication and first aid

We have several members of staff who have been trained to administer the medication and meet the care needs of an individual child and that sufficient members of staff trained to cover any absences, staff turnover and other contingencies.

We will not give medication to a child under 16 without a parent's verbal and/or written consent except in exceptional circumstances.

Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary.

When administering medication, for example prescribed pain relief or antibiotics, this school will check the maximum dosage and when the previous dose was given.

Parents will be informed.

Children at this school will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, we do recognise that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.

If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed.

We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.

Parents will be made aware to let us know immediately if their child's needs change and provide enough information to ensure their needs are met.

l) Storage of medication and equipment

All staff understand what constitutes an emergency for an individual child and makes sure that emergency medication / equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Children are advised to ask any member of staff and that they may have immediate access to their medication when required. We store medications safely in the medicines drawer in the office or the office fridge if required to be stored at a controlled temperature.

Asthma pumps are made accessible, in a portable container. Staff at our school can administer a controlled drug to a pupil once they have had specialist training.

We will store medication that is in date and labelled in its original container. The exceptions to this are insulin and adrenalin (auto-injector), which although must still be in

date, will generally be supplied in an injector pen or pump. Medication will only be accepted where it is in its original container, complete with dispensing label including the child's name and instructions for administering from a qualified healthcare professional. Medicines such as ibuprofen provided by parents can be administered by trained first aider if parents have given consent.

We will check all medication held in school on at least a termly basis and all medicines which will expire before the end of the following term will be returned to parents and replacements requested.

m) Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

n) Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another adult is present. Where possible adults should not change in the same place as children.

o) Out of school trips, clubs etc.

Employees and other adults should take particular care when supervising pupils in the less formal atmosphere of a residential setting, after-school activity or extra curricular activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff and other adults working with the children will be no different from the behaviour expected within school. All adults involved in such activities should be familiar with the school's policy and all DCC Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the headteacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

p) Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Any concerns should be reported to the Headteacher, or if necessary refer to the Whistle Blowing Policy.

Our school obtains consent for photographs to be taken and published from the parents when the child starts school. It is the responsibility of the parents to inform the school if there are any changes.



Cheam Fields Primary School
Medical Information Sheet

Child's full name..... Class.....
DOB..... Sex: Boy Girl
Address.....
.....Post Code.....

Does your child have a medical condition that requires special medication whilst at school Yes No
If No please go to bottom of page and complete parent/carer details
If Yes please complete the remainder of this form.
Please state below your child's medical condition(s) example nut allergy, asthma, diabetes
.....
.....
.....

Please note any medication that has to be kept at school for example Epi-pen and must be clearly labelled with your child's name, class and instructions for administering the medication. Medication must be taken home at the end of every term. **It is the parent's responsibility to ensure all medication is in date and in school ready for use.**
All medication must be handed in to the School Office by Parent/Carer and be kept in the School Office at all times with the exception of inhalers which are kept in the classroom.

Name of Medication.....
(as described on container)
Instructions for administering medication:
Dosage and method.....
Time of day to be administered.....

Emergency contact details
Name.....
Address.....
.....Post Code.....

Please sign and date even though your child may not have a medical condition
Parent/Carer's name.....(please print)
Signature..... Date.....
Relationship to child.....

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school are not able to give your child medicine unless you complete and sign this form. ***Please note it is the responsibility of the child to come and get their medication, office staff are not able to get and or remind children to come for their medication.***

DETAILS OF PUPIL

Surname.....Forename.....Class.....

Condition/Illness.....

<p>Medication details</p> <p>Name of Medication..... (as described on container)</p> <p>Instructions fo radministering medication.....</p> <p>Dosage and method.....</p> <p>Time of day to be administered.....</p>
--

<p>Emergency contact details</p> <p>Name.....</p> <p>Address.....</p> <p>.....Post Code.....</p>

I understand that I must deliver the medicine personally to the School Office and collect it at the end of the school day and accept that this is a service which the school is not obliged to undertake.

<p>Please sign and date even though your child may not have a medical condition</p> <p>Parent/Carer’s name.....(please print)</p> <p>Signature..... Date.....</p> <p>Relationship to child.....</p>



Healthcare Plan for a Pupil with Medical Needs

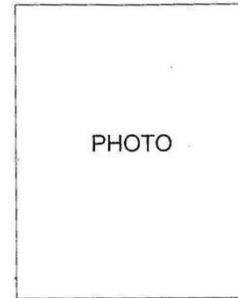
Name _____

Date of Birth _____

Condition _____

Class/Form _____

Name of School _____



Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Name _____

Phone No. (work) _____

(home) _____

Relationship _____

Family contact 2

Name _____

Phone No. (work) _____

(home) _____

Relationship _____

Clinic/Hospital contact

Name _____

Phone No. _____

G.P.

Name _____

Phone No. _____

Describe condition and give details of pupil's individual symptoms:

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

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

Follow up care:

Who is responsible in an Emergency: (State if different on off-site activities)

Form copied to:
