



# Clacton County High School

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Higher Expectations, Raising Aspirations, Transforming Lives

# Supporting students with medical conditions

## Incorporating first aid and intimate care

This document replaces First Aid & Intimate Care policy reviewed:	Annually
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## **Statement of intent**

The local governance committee and staff of Clacton County High School, fully recognise the importance of safeguarding students, staff and visitors. The school is committed to provide, as far as reasonably practicable, a safe and healthy environment for all school activities. This policy is designed to promote the health, safety and welfare of students, staff and visitors to this school through the provision of first-aid equipment and trained personnel in accordance with the requirements of the Health & Safety (First Aid) Regulations 1981. The aim of this policy is to ensure that all students with medical conditions receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education and achieve their academic potential.

The school believes it is important that parents of students with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that students feel safe in the school environment.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and/or an EHC plan collating their health, social and SEND provision. For these students, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents.

## **Legal framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Health and Safety policy; Sigma Trust policy

The school must ensure:

- That staff nominated as first aiders receive up-to-date training on courses approved by the Health and Safety Executive (HSE).
- Compliance with current First Aid Regulations and guidance from the DfE.
- All members of staff have undertaken an 'H&S Induction', which incorporates first aid procedures and arrangements.
- That the first aid room, and first aid boxes located throughout the school, are suitably equipped and are sufficiently stocked.
- Records are maintained of incidents, accidents, reportable injuries, diseases or dangerous occurrences, and are reported to the Health and Safety Executive under RIDDOR 1995, if required to do so.
- Those first aid arrangements are regularly reviewed.

## **Roles and responsibilities**

The local governance committee is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents and students in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective students are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Notifying the school of any updates to their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Students are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

School staff are responsible for:

- Receiving sufficient training and achieving the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

First aiders are responsible for;

Note: The school employs a number of qualified first aiders to deal with medical emergencies, which occur at school. The school does not offer services, which replace that provided by the student's general practitioner or by hospitals.

- Providing support to students with medical conditions, where requested and within their level of competence as a "first aider".
- Completing the First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) qualification.
- Providing confirmation to parents/carers that treatment has been provided by a first aider.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.
- Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

## **Hygiene & Infection Control**

First aiders have a sound understanding of the importance of personal hygiene and the use of universal precautions in first aid procedures; this will help to prevent cross-infection between the first aider and the casualty.

First aiders are aware of Essex County Council standards and risk assessments for the control of infectious diseases.

Where appropriate, equipment to help prevent cross-infection such as gloves, mouth guards, disposable aprons etc. will be provided and used.

Clear local hygiene arrangements and guidance is available to all first aid staff.

In the event of any bodily fluids (blood, faeces, urine and vomit) being spilt, this will be dealt with immediately, in accordance with stated arrangement.

Any contaminated items will be disposed of using a clinical waste receptacle located in the medical room.

## **Notification procedure**

On entry to CCHS parents complete a data collection sheet declaring any medical needs which are added to our internal system. Parents/carers should contact the school if they feel their child will need support with their medical condition in school.

A healthcare plan is required for any students with a long term or serious medical condition which may require treatment or medication during the school day.

When the school is notified that a student has a medical condition that requires support in school, the school will arrange a meeting with parents, healthcare professionals (if required) and the student, with a view to discussing the necessity of an IHP.

Staff in school are able to access an overview of students' medical needs on their class register.

### **Record keeping**

Students are provided with a written slip after receiving treatment from the first aid room. An electronic record will be kept of all medicines and treatment administered to students whilst in the first aid room.

Student healthcare plans are kept electronically on the central staff system with a paper copy stored securely in the first aid room.

## **Staff training and support**

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Whole-school awareness training is carried out on an annual basis for all staff, and included in the induction of new staff members.

The parents of students with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

For students with specific needs the school will access support from health professionals as needed.

It is a requirement that all new staff receive a 'Health and Safety Induction' training session delivered by a member of staff designated as the H&S competent person. All staff are notified about what to do in the event of an incident, such as an accident, ill health, near miss and reporting a violent incident, whom to report too, location of the medical room and incident forms.

## **First aid procedures**

The school offers a suitable room for first aid, exclusively for medical treatment when required and for the care of students during school hours, according to the 'Education (School Premises) Regulations 1996. The medical room can also be accessed by all first aiders outside the normal school hours, for special arrangements e.g. lettings, parent evenings, school shows and in the event of an accident/incident.

Students can access the first aid room at break and lunchtimes for minor ailments. Staff must have made contact with the on call first aider for any student requiring emergency treatment during lesson time. The first aid room is only staffed during break and lunch.

Students suffering from illnesses or having sustained injury beyond the competence of the first aider to deal with, will be passed on to hospital or to the student's GP, with whatever degree of urgency is appropriate, and parents/carers advised at the earliest opportunity.

In less serious situations, where it seems that a student should not continue to remain at school, but where medical intervention may not be required, parents/carers will be advised of the circumstances and may be requested to make arrangements for their child to be looked after at home. Students should not leave the school site to go home without permission or without a prior assessment by a first aider; neither will the school send a student home, unless contact has been made and permission granted, directly from a parent/carer. **Please note that students will need to be collected from reception. Students will remain supervised by a first aid member of staff whilst awaiting collection. If you require your child to be met at the car park or front of the school please notify reception when you have arrived so the student can be safely escorted to meet you.**

If a student develops aches and pains such as a headache during the day, to avoid the need for unnecessary suffering or sending a child home, one or two pain-killing tablets (paracetamol) can be administered during social times. This will only be given if the student is showing signs of distress and their medical record confirms that painkillers are allowed to be given. Permission to administer painkillers can also be obtained by contacting parents/carers by telephone, but only if this course of action is permitted in accordance with the student's medical records.

- Parents will be informed by email if their child has been provided with paracetamol during the school day.
- After treatment, a medical slip is completed by the first aider and given to the student as evidence of the visit before the student returns to lesson (a written copy is retained by the first aider), or if the student is too unwell to remain in school, for them to take home when collected from school.
- No student will be permitted to leave the school site, or go home, without the verbal consent being obtained from a parent/carer. It is preferred that students are collected from the school reception by a parent/carer, or a designated responsible adult.
- Reception and attendance will be notified of the details of the person collecting the student.

### **First Aid Boxes**

Contents for all first aid boxes follow the guidance given by HSE's notes 'Basic advice on first aid at work'.

All boxes on site have been assessed, so as to offer the appropriate kit for locations around the school which pose a greater risk as a result of high risk equipment, this includes Science and Technology; these have a dedicated chemical burn first aid box and a burns first aid box, respectively.

These boxes will only be accessed by non-first aid trained staff in an emergency and a first aider will be informed in order to ensure actions are logged.

Locations of all first aid boxes are signposted on the school plan in the 'Medical Procedure Booklet' given to all staff as part of their H&S induction.

### **Individual healthcare plans**

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the student will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Who needs to be made aware of the student's condition and the support required.
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the student.
- Any arrangements or procedures required during school trips and activities.
- What to do in an emergency, including contact details and contingency arrangements

IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a student has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.



Students joining Sigma Sixth from CCHS with known medical conditions will have their individual healthcare plans passed on to the pastoral team and first aider. Parents/carers are encouraged to make contact with the sixth form team to update these plans on entry to sixth form.

## **Managing medicines**

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

Students under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the student without the parents' knowledge. In such cases, the school will encourage the student to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so.
- When instructed by a medical professional.

No student under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

Parents will be informed by email any time medication is administered that is not agreed in an IHP.

- The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Students will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. When medicines are no longer required, they will be returned to parents for safe disposal.

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

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. Staff may administer a controlled drug to a student for whom it has been prescribed, in accordance with the prescriber's instructions.

Students who require medication on a regular daily basis, such as asthmatics and diabetics, are allowed to have their medication stored safely in the medical room. However, students of secondary school age are considered sufficiently responsible to be allowed to carry personal inhalers and insulin with them. The school will hold asthma inhalers for emergency use. The inhalers will be stored in the first aid room and their use will be recorded.

Records will be kept of all medicines administered to individual students, stating what, how and how much medicine was administered, when, and by whom.

It is recommended to all parents/carers that spare medication and medical equipment, are sent to the school for safe storage in the first aid room, in the event that their child forgets or loses their medication

### **Self-management**

Following discussion with parents, students who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, students will be allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a student refuses to take

medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a student with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drugs policy.

### **Adrenaline auto-injectors (AAIs)**

Where a student has been prescribed an adrenaline auto-injectors (AAI), this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis.

Students who have prescribed AAI devices can keep their device in their possession.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. In the event of anaphylaxis, a first aider will be contacted as a matter of urgency. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the student needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to students at risk of anaphylaxis and where written parental consent has been gained. Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a student who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a student is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the student's parents will be notified that an AAI has been administered and informed whether this was the student's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of emergency.

## Automated External Defibrillators (AED's)

### Purpose and Introduction

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. It is triggered by a failure of the normal electrical pathway in the heart, causing it to go into an abnormal rhythm, or to stop beating entirely. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

In view of the importance in responding to an emergency of this type, there are three AED's located on site, which are in accordance with the Department of Education's '*Automated External Defibrillators (AEDs)*' guidelines 2014.

Each AED is strategically located within the school building and is accompanied with the necessary standard sign for AED's, as recommended by the Resuscitation Council (UK). Further signs are positioned around the school site to notify staff/visitors of their exact location so they can be accessed quickly in an emergency.

The location of each AED is also signposted on the school plan found in the Medical Procedure Booklet, given to all staff as part of their H&S Induction.

### AED Training

AED's, as work equipment, are covered by the *Provision and Use of Work Equipment Regulations 1998 (PUWER)*, and as such, this places duties on employers in respect of employee training and the provision of information and instructions in the use of such equipment. However, AED's are designed to be used by someone without specific training and by following step-by-step instructions on the AED at the time of use.

In view of this, the school undertakes in-house training, provided by a qualified 'DEFIB Trainer', for all PE staff and first aiders, as a means to familiarise themselves with the equipment and the practical use of an AED. All staff as part of their H&S Induction, are also made aware of the AED, so to promote its use should the need arise.

### Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures. Where an IHP is in place, it will detail:

- What constitutes an emergency.
- What to do in an emergency.

Students will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents arrive. When transporting students with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

In the event of an accident on site an accident form is completed by the member of staff reporting the incident. Completed forms are given to the site manager to instigate an investigation if appropriate, which must be presented to a member of the senior leadership team to assess and sign off.

- All accidents/incidents must be reported to a first aider and an accident form completed digitally on the Handsam incident/accident reporting page.

- Any accidents/incidents reportable to the HSE under RIDDOR will be completed by the site manager and a member of the senior team informed.

In the event of an accident whilst students are participating in lessons at the Leisure Centre, the teacher in charge should notify the Leisure Centre first aider to assess the situation. If the injury is deemed to need further attention the teacher should then contact a member of the senior leadership team, who will attend to assess the situation. If the attention of the school first aider is required, the member of the senior leadership team in attendance will arrange for this.

## Head injuries

At CCHS, we will follow the advice provided by the NHS in relation to actions required in response to head injuries (see advice sheet on Page 22). Children have many bangs to the head and it can be difficult to tell whether they are serious or not. Most head injuries are not serious and simply result in a bump or bruise but occasionally head injuries can result in damage to the brain.

<p>If a student has bumped their head and to the best of our knowledge;</p> <ul style="list-style-type: none"> <li>Has not been 'knocked out'</li> <li>Is alert and interacts with you</li> <li>Has been sick but only once</li> <li>Has bruising or minor cuts to their head</li> <li>Cried immediately but otherwise normal</li> </ul>	<p>Parents/carers will be contacted to collect your child and are asked to follow the NHS advice as detailed on page 23.</p>
<p>If a student has bumped their head and based on the information provided we think that;</p> <ul style="list-style-type: none"> <li>Your child has fallen from a height greater than your child's own height.</li> <li>Your child has fallen from a height more than a metre.</li> <li>Your child has been deliberately harmed (abused).</li> </ul>	<p>Parents/carers will be contacted and advised to take your child to the nearest Accident and Emergency Department.</p>
<p>If a student has bumped their head and based on the information provided we think that;</p> <ul style="list-style-type: none"> <li>Has been 'knocked out' at any time.</li> <li>Has been sick more than once.</li> <li>Has clear fluid dribbling out of their nose, ears or both.</li> <li>Has blood coming from inside one or both of their ears.</li> <li>Has difficulty speaking or understanding what you are saying.</li> <li>Is sleepy and you cannot wake them.</li> <li>Has weakness in their arms and legs or are losing their balance.</li> <li>Has had a convulsion or fit.</li> </ul>	<p>999 will be contacted for urgent help. Parents/carers will also be contacted.</p>

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

Students with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment as standard practice. Parents/carers are asked to declare any medical conditions when consenting to a trip/visit. Staff will liaise with parents/carers to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice will be sought from students, parents and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician indicates that this is not possible.

### **Off Site Visits (First Aid Kits & Advice)**

- First aid kits are provided for all school trips and visits.
- Parents/carers must declare any medical conditions that staff need to be aware of.
- Parents/carers must arrange for any prescribed medication to be given to the trip leader. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- The trip leader will require a copy of the students healthcare plan.
- Any treatment given to students during the trip must be noted and passed onto a first aider on return to school, to process accordingly.
- Parents/carers of students, who have had treatment administered as a result of an accident on the trip, must be notified at the earliest opportunity.

## **Onsite After-hours Provision**

Staff organising revision sessions/events/activities at weekends, school holidays, or after 4.30pm (during normal school week) will make sure they are aware of any students with medical conditions attending events and liaise with parents/carers as needed.

It is the responsibility of parents/carers to ensure that these students arrive with their own personal medical equipment, such as inhalers, EpiPens and diabetic injections (and other medical equipment deemed necessary).

Any student who arrives without their own personal medical equipment will not be allowed to take part, and parents are notified accordingly to make arrangements for travel home.

## **Wheelchair Users & Wheelchair Users Emergency Evacuation**

The school offers comprehensive access for all mobility impaired and wheelchair users. Wheelchair users are able to gain entry to the school site and buildings via dedicated ramps, located both externally and internally. All ramps do not exceed an incline of 1:12, which represents the maximum safe gradient.

Wheelchair users needing access to the upper floor can do so by using the lift located outside Clouds Restaurant (D Block). The lift capacity is 8 persons (630kg) and is inspected and maintained by Pinnacle-psg in accordance with the PFI contract. In the event that the lift becomes unavailable, wheelchair users and other mobility-impaired students will have their timetabled lessons re-scheduled to the ground floor or if this is not viable, alternative study arrangements for students will be provided.

Wheelchair users and other students with mobility impairment are provided with 'Personal Emergency Evacuation Plans' (PEEPs), which include the location and use of the 'Emergency Temporary Refuge Space'.

***Refuges are temporary safe places for individuals with disabilities to await assistance for their evacuation.***

This document comprises of the safe and correct method for the evacuation of students from the upper floor of the school, and is available to all relevant staff.

A PEEP is a plan for a person who may need assistance to evacuate a building or reach a place of safety in the event of an emergency. A list of students with PEEPs can be found on the central school system. PEEPs are shared with parents/carers and a copy given to the student. The first aiders and inclusion team are aware of the students with these plans in order to support as required.

## **Intimate Care**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas, which most people usually carry out themselves, but some students 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 students involved in intimate self-care.

The local governance committee will act in accordance with the government guidance 'Keeping Children Safe in Education' (2015) to safeguard and promote the welfare of students at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.

The local governance committee recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities, must not be discriminated against.

This intimate care section should be read in conjunction with the schools' policies as below:

- Safeguarding Policy and Child Protection
- Health and Safety Policy; Sigma Trust policy
- Special Educational Needs & Disabilities Policy

The local governance committee is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all students, whatever their age, gender, disability, religion, ethnicity or sexual orientation, with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive

one. It is essential that every student is treated as an individual and that care is given gently and sensitively: no student should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

- Where students with complex and/or long-term health conditions have an Individual Healthcare Plan in place, the plan should, where relevant, take into account the principles and best practice in this Intimate Care guidance.
- Members of staff must be given the choice as to whether they are prepared to provide intimate care to students. All staff undertaking intimate care must be given appropriate training.
- Students who require regular assistance with intimate care, will have a written Intimate Care Plan (ICP), agreed by staff, parents/carers and any other professionals actively involved, such as, visiting NHS school nurses or physiotherapists. Ideally, the plan should be agreed at a meeting at which all key staff and the student should also be present, wherever possible/appropriate.
- The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care).

Where an Intimate Care Plan or Individual Healthcare Plan is **not** in place, parents/carers will be informed the same day, if their child required help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter.

### **Providing intimate care**

If a student requested any additional support with intimate care not detailed within the care plan, a member of staff would not act upon a request from a student without obtaining the direct consent of parents/carers/social worker.

All students will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will encourage each individual student to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every student's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation, to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the student's privacy and dignity. Wherever possible, the student's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a student with intimate care.



### **Safe working practices**

Whilst safer working practice is important, such as, in relation to staff caring for a student of the same gender. Ideally, every student should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a student. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

- Adults who assist students with intimate care will be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- Sensitive information will be shared only with those who need to know.
- Health & Safety guidelines should be adhered to regarding waste products.
- No member of staff will use a mobile phone, camera or similar device whilst providing intimate care.

### **Child protection**

The local governance committee and staff recognise that students with special needs and who are disabled could be particularly vulnerable to all types of abuse.

- The school's child protection procedures will be adhered to.
- From a child protection perspective, it is acknowledged that intimate care involves risks for both children and adults, as it may involve staff touching private parts of a student's body. All adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the designated safeguarding officer.
- If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the designated safeguarding officer or the headteacher. The matter will be investigated at an appropriate level and the outcome recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the student's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If a student, or any other person, makes an allegation against an adult working at the school, this should be reported to the headteacher (or to the chair of the local governance committee if the concern is about the headteacher), who will consult the local authority designated officer in accordance with school policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice, will report this to the headteacher or to the chair of the local governance committee, in accordance with child protection procedures and the Whistle-blowing policy; Sigma Trust policy.

### **Medical Procedures**

Students 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 Individual Healthcare Plan or ICP and will only be carried out by staff who have been trained to do so.

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

Any members of staff who administer first aid will be appropriately trained in accordance with local authority guidance. If an examination of a student is required in an emergency aid situation, it is advisable to have another adult present, with due regard to the student's privacy and dignity.

## **Liability and indemnity**

The local governance committee will ensure that appropriate insurance is in place to cover staff providing support to students with medical conditions.

The school holds an insurance policy with the Department for Education- Risk Protection Arrangements covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training.

The school holds an insurance policy with the Department for Education- Risk Protection.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## **Complaints**

Parents or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Sigma Trust's Complaints policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **Monitoring and review**

This policy is reviewed on an annual basis by the local governance committee, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review for this policy is summer term 2023.

## **Healthcare Plan process**

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The school coordinates a meeting to discuss the child's medical needs and identifies a member/s of school staff who will provide support to the student.
3. A meeting is held to discuss and agree on the need for an IHP.
4. An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are identified.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3)

## Individual Healthcare Plan (IHP)

Name of school/setting	Clacton County High School
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)	
Relationship to child	
Name	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	

### Clinic/Hospital Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

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 (if required)

Daily care requirements

Specific support for the student’s educational, social and emotional needs (if appropriate)

Any additional arrangements for school visits/trips required etc

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

**For the school to complete**

Who will provide support/any training requirements:  
Initials of staff member uploading to Edukey/Google staff shared (Keep paper copy in first aid):

**Parental Agreement for the School to Administer Medicine**

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

**Administration of medication form**

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

**Medicine**

Name and/or type of medicine (as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other instructions:

Any side effects that the school needs to know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

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

Daytime telephone number: Relationship to child:

Address:

I will personally deliver the medicine to:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature

Date