TRINITY SCHOOL

A CHURCH OF ENGLAND ACADEMY

SUPPORTING STUDENTS WITH MEDICAL NEEDS IN SCHOOL POLICY

Pastoral Committee
Reviewed: May 2017
Approved by the Pastoral Committee: June 2017
To be ratified by the full Governing Body: July 2017
Next review: June 2019

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MEDICAL NEEDS POLICY

Students with Medical Needs

Most students will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other students have medical conditions that, if not properly managed, could limit their access to education. Such students are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these students, and others, are not put at risk.

Support for Students with Medical Needs

Parents or carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition. Parents and the student if he/she is mature enough, should give details in conjunction with their child's GP or paediatrician, as appropriate. The School Nursing Service and specialist voluntary bodies may also be able to provide additional background information for school staff.

The School Health Service can provide advice on health issues to students, parents, teachers, education officers and local authorities. Health Authorities, LAs and governing bodies should work together to ensure students with medical needs and school staff have effective support in schools.

For school staff there is no legal duty which requires the administering of medication; this is a voluntary role. Staff who provide support for students with medical needs, or who volunteer to administer medication, need support from the Co-Headteachers and parents, access to information and training, and reassurance about their legal liability.

Introduction

The governors of Trinity School believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

This school is committed to ensuring parents and carers feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and students. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of

each individual child and how their medical condition impacts on their school life, be it on a long or short term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a student's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years'*, July 2014.

Parents should provide the school with sufficient information about their child's medical condition and treatment or special care needed at school – this would typically be through the Individual Medical Care Plan (IMCP), Individual Health Care Plan (Where the medical condition requires ongoing medication, regular hospital visits or may require emergency treatment). They should, jointly with the school, reach agreement on the school's role in helping with their child's medical needs. Parents' cultural and religious views will always be respected. Ideally, the responsible person in school should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a student.

This policy should be read in conjunction with the Policy on "*Intimate Care and Toileting"* (summarised in the appendices) and is reflected in the document entitled *"Staff Guidelines: Managing Pupils with medical needs in School,"* which provides essential information to all school staff.

The Employer

The **school Governing Body is** responsible, under the Health and Safety at Work Act 1974, for making sure that a school has a medical needs policy and that it is reviewed regularly and is readily accessible to parents and school staff.

The Governors will ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation and must ensure that school policy

reflects the roles and responsibilities of all those involved in supporting students at school with medical needs.

The Governors must also make sure that their insurance arrangements provide full cover for staff acting within the scope of their employment.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to make sure that correct procedures are followed. Keeping accurate records in the school is helpful in such cases.

Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The employer is also responsible for making sure that willing staff have appropriate training to support students with medical needs. This should be arranged in conjunction with the Health Authority or other health professionals. Health Authorities have the discretion to make resources available for any necessary training. In many instances they will be able to provide the training themselves. The employer should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A health care professional should confirm proficiency in medical procedures.

Specific responsibilities:

The overall responsibilities of the Governing Body encompass ensuring:

1. That no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** student's health is put at unnecessary risk, for example, from infectious diseases;
2. That there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and students as outlined in this policy;
3. sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
4. Staff who provide such support are able to access information and other teaching support materials as needed.
5. Funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

The Pastoral Committee leads the Governing Body's role in this area.

The Co-Headteachers

The Co-Headteachers are responsible for implementing the governing body's policy in practice and for developing detailed procedures. (Note that operational responsibility may

be delegated) When teachers volunteer to give students help with their medical needs, the Co-Headteachers should agree to their doing this, and must ensure that teachers receive proper support and training where necessary.

The Co-Headteachers should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The Co-Headteachers should make it clear to parents that they should keep children at home when they are acutely unwell – see 'The Handbook'.

For a student with medical needs, the Co-Headteachers (or the member of staff delegated) will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a student's needs, or where the parents' expectations appear unreasonable, the Co-Headteachers can seek advice from the County designated School Nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LA. Complex medical assistance is likely to mean that the staff who volunteer will need special training.

If staff follow the school's documented procedures, they will normally be fully covered by their employer's public liability insurance should a parent make a complaint. The Co-Headteachers should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

Specific responsibilities:

To achieve this, Co-Headteachers will have overall responsibility for ensuring the development of IHCPs and will make certain that school arrangements include ensuring that:

1. All staff are aware of this policy and understand their role in its implementation;
2. All staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
3. Where a child needs one, an IHP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
4. Sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations;
5. Staff are appropriately insured and are aware that they are insured to support students in this way;
6. Appropriate health professionals i.e. the School Nursing Service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
7. Children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
8. Risk assessments take account of the need to support students with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

Consent to Medical Treatment

School will issue a Medical Consent Form prior to a student's admission to school. This includes consent for medical treatment in school and includes the administration of Paracetamol and salbutamol for asthma sufferers. These are the only medicines school will administer other than to students with prescribed medicines and subject to a healthcare plan.

Except where a student has been prescribed an inhaler for the use of asthma relief, all other medication will be kept in a secure cupboard in the medical unit

Medical records are kept, listing students with specific and serious medical conditions, including sections on Diabetes, Cystic Fibrosis, Epilepsy, Severe Allergic Reaction (Anaphylaxis) and Jehovah's Witness Information as well as asthma sufferers.

Teachers and Other School Staff

Some school staff are naturally concerned about their ability to support a student with a medical condition, particularly if it is potentially life threatening. Teachers who have students with medical needs in their class should understand the nature of the condition, and when and where the student may need extra attention. The student's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, for example if a designated First Aider is unavailable. At different times of the school day other staff may be responsible for students (e.g. Lunchtime Supervisors). It is important that they are also provided with training and advice.

School Staff Giving Medication

Teachers' conditions of employment do not include giving medication or supervising a student taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a student should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

The Local Authority

The LA can provide a general policy framework of good practice to guide county and controlled schools in drawing up their own policies on supporting students with medical needs. Many LAs find it useful to work closely with their Health Authority when drawing up a policy. The LA may also arrange training for staff in conjunction with health professionals.

LAs arrange home to school transport where legally required to do so. They must make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but LAs should provide appropriately trained supervisors if they consider them necessary.

Health Authorities

Health Authorities (HAs) have a statutory duty to purchase services to meet local needs. National Health Service (NHS) Trusts provide these services.

Health Authorities normally designate a medical officer with specific responsibility for children with special educational needs (SEN). Some of these children may have medical needs. NHS trusts, usually through the School Health Service, may provide advice and training for school staff in providing for a student's medical needs.

The local Consultant in Communicable Disease Control (CCDC) can advise on the circumstances, in which students with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

The School Health Service

The nature and scope of the service to schools varies between Health Authorities. It can provide advice on health issues to children, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the school nurse employed by the School Health Service.

The School Health Service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

The General Practitioner (GP)

GPs are part of primary health care teams. Most parents will register their child with a GP. A GP has a duty of confidentiality to patients. Any exchange of information between GPs and schools about a child's medical condition should be with the consent of the child (if he/she has the capacity) or otherwise that of the parent or guardian. In some cases parents may agree for GPs to advise teachers directly about a child's condition, in others GPs may do so by liaising with the School Health Service.

Other Health Professionals

Other health professionals may also be involved in the care of students with medical needs in schools. The Community Paediatrician is a specialist doctor with an interest in disability, chronic illness and the impact of ill health on children. He/she may give advice to the school on individual students or on health problems generally.

Most NHS Trusts with School Health Services have specialist trained pharmacists, often referred to as Community Services Pharmacists. Community Pharmacists provide pharmaceutical advice to School Health Services normally through Community Health Trusts. Some work closely with local authority education departments and give advice on the management of medicines within schools. This can involve helping to prepare policies

related to medicines in schools and training school staff. In particular, they can advise on the storage, handling and disposal of medicines.

Some students with medical needs will receive dedicated support from a specialist nurse or community paediatric nurse. These nurses often work as part of an NHS Acute or Community Trust and work closely with the primary health care team. They can provide advice on the medical needs of an individual student, particularly when a medical condition has just been diagnosed and the student is adjusting to new routines.

Short Term Medical Needs

Illness in School – Procedure

- It is the parent's responsibility to keep the student at home when acutely unwell.
- If a student says she/he is too unwell and is unable to carry on in the lesson, the teacher/tutor will send the student accompanied and with relevant permission to the seek First Aid support.
- Where a student is obviously too ill to continue the day in school, the parent/carer will be contacted and asked to come to school to collect the student. The parent/carer may authorise another responsible adult to do this on their behalf or that the student goes home unaccompanied. Under no circumstances will the student be allowed to leave the school unaccompanied without parental permission.
- Where the student is feeling 'off colour', but has no clear signs of illness they will be encouraged back to lessons after a short spell in the medical unit.
- Students **should not** contact parents/carers directly to go home.

Many students will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow students to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

Non-Prescription Medication

School staff should generally not give non-prescribed medication to students, exceptions could include school trips and other off-site activities. They may not know whether the student has taken a previous dose, or whether the medication may react with other medication being taken. **A child under 12 should never be given aspirin, unless prescribed** by a doctor.

If a student suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication. Trinity's First Aid team should supervise the student taking the medication and notify the parents if necessary.

Long Term Medical Needs

It is important for the school to have sufficient information about the medical condition of any student with long term medical needs. If a student's medical needs are inadequately supported this can have a significant impact on a student's academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a student starts school, or when a student develops a condition. For students who attend hospital appointments on a regular basis, special arrangements may also be necessary. Individual Health Care Plans (IHP's) developed in conjunction with the student, family and medical professionals are used to record details of serious/long term medical conditions and how to support such students in their school life. These plans are reviewed annually and attached to the student's electronic school records. The IHP template is included in the appendices to this policy document.

Re-integration

After a prolonged absence from school for medical reasons, we will take all possible steps to ensure a successful re-integration into school life:

- We will ensure that the Local Authority is informed when a child becomes at risk of missing education for 15 days in any one school year due to their health needs;
- Students will be given access to resources such as Moodle and Doddle to allow them to study outside of school and access the curriculum and materials that he or she would have used in school and teachers will where possible provide work for them.
- We will develop individually tailored reintegration plans for each child that needs one, involving appropriate Agencies seeking extra support to help fill any gaps arising from the child's absence and recognising the provisions of equalities legislation to make *reasonable* adjustments to provide suitable access for the child.

Similar re-integration measures will be taken to support the emotional needs of students who require re-integration as the result of a serious or embarrassing incident at school such as a widely witnessed epileptic seizure with incontinence.

Administering Medication

No student should be given medication without his or her parent's written consent. Any member of staff giving medicine to a student should check:

- the student's name
- written instructions provided by parents or doctor
- prescribed dose
- expiry date

If in doubt about any of the procedures the member of staff should check with the parents or a health professional before taking further action.

Staff should update the medical log each time they give medication to a student.

Self-Management

Whilst it is good practice to allow students who can be trusted to do so to manage their own medication from a relatively early age, the risks associated with carrying medication means in all but exceptional cases medication will be stored in the Medical Unit.

Refusing Medication

If a student refuses to take medication, school staff should not force them to do so. The school should inform the student's parents as a matter of urgency. If necessary, the school should call the emergency services.

Record Keeping

Parents are responsible for supplying information about medicines that their child needs to take at school, and for letting the school know of any changes to the prescription or the support needed. The parent or doctor should provide written details including:

- name of medication
- dose
- method of administration
- time and frequency of administration
- other treatment
- any side effects

Although there is no legal requirement for schools to keep records of medicines given to students, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.

School Trips

It is good practice for us to encourage students with medical needs to participate in schools trips, wherever safety permits.

It is the parent's responsibility to complete in detail any medical forms, issued by the school prior to a day/residential visit, and ensure emergency contact details are accurate.

Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of the students' Individual Healthcare Plan should accompany the visit and parents should ensure staff are fully aware of any specific problems that may be encountered on the visit.

Sometimes an additional supervisor or parent might accompany a particular student. If staff are concerned about whether they can provide for a student's safety, or the safety of other students on a trip, they should seek advice from the Educational Visits Co-ordinator (currently Mrs Rosary). In turn, he/she may get medical advice from the Health Service or the child's GP.

Sporting Activities

Most students with medical conditions can participate in extra-curricular sport or in the PE curriculum which is sufficiently flexible for all students to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a student's ability to participate in PE should be included in their individual health care plan.

Some students may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Safety Management & Storing Medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Medicines will be stored in Trinity's Medical Unit. We should not store large volumes of medication and should ask the parent or student to bring in small amounts where possible.

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the student, the name and dose of the drug and the frequency of administration. Where a student needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers. The Co-Headteachers (or delegated person) are responsible for making sure that medicines are stored safely. Students should know where their own medication is stored and who holds the key. A few medicines, such as asthma inhalers, must be readily available to students and must not be locked away.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. This refrigerator is in the Medical Unit thereby restricting access.

Access to Medication

Students must have access to their medicine when required. The school may want to make special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

Disposal of Medicine

Only First Aiders will dispose of any expired medicines. Other school staff should not dispose of medicines.

Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A student taken to hospital by ambulance should be accompanied by a member of staff who should remain until the student's parent/carer arrives.

Generally staff should not take students to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have business use vehicle insurance, **under no circumstances should a member of staff take students in their own vehicle without business use insurance**.

Individual Health Care Plans

The main purpose of an individual health care plan for a student with medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents/carers and the student, the help that the school can provide and receive. School should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year.

The school should judge each student's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's medication policy must be applied uniformly. The Co-Headteachers should not make value judgements about the type of medication prescribed by a registered medical or dental practitioner.

Each plan will contain different levels of detail according to the needs of the individual student. Those who may need to contribute to a health care plan are:

- The School Medical Officer
- The School Nursing Service
- School First Aiders
- The Co-Headteachers/ School Healthcare Manager
- The parent or carer
- The child (if sufficiently mature)
- Form Tutor / Head of House
- Care Assistant or Support Staff
- School staff who have agreed to administer medication or be trained in emergency procedures
- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

Coverage

In general, an IHP will cover:

- The medical condition, its triggers, signs, symptoms and treatments;
- The student's resulting needs, including medication and other treatments
- Specific support for the student's educational, social and emotional needs
- The level of support needed and who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Co-Headteachers for medication to be administered by a member of staff, or self-administered by the student during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition (See below)
- Any separate arrangements or procedures required for school trips or other activities where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency.

Responsibilities

When school is notified about a student's specific medical condition that requires an IHP, the School Healthcare Manager plus House pastoral staff will arrange a meeting with parents/carers and Health Professionals as appropriate to draw up an IHP, for which school has a standard template (see appendices)

These will be logged on the student's record in SIMS and reviewed at least annually.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a student's medical needs.

The Co-Headteachers must make sure that supply teachers know about any medical needs. When a secondary school arranges work experience, the Co-Headteachers should ensure that the placement is suitable for a student with a particular medical condition. Students should be encouraged to share relevant medical information with employers.

Staff Training

An individual health care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. School staff should not give medication without appropriate training from health professionals. If school staff

volunteer to assist a student with medical needs, school must ensure that adequate training has been provided.

Confidentiality

The Co-Headteachers and school staff should treat medical information confidentially. The Co-Headteachers should agree with the student (where he/she has the capacity) or otherwise the parent/carer, who else should have access to records and other information about a student. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Intimate or Invasive Treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/carers and Co-Headteachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. Each Health Authority will have a "named professional" to whom schools can refer for advice. The Co-Headteachers or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, one the same gender as the student, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too.

Staff should protect the dignity of the student as far as possible, even in emergencies. (*Intimate Care and Toileting Policy)*

Common Concerns

The medical conditions in children which most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This policy provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of students are assessed on an individual basis.

Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment.
Asthma attacks are characterised by coughing, wheeziness and difficulty in breathing, especially breathing out. The affected person may be distressed and anxious and, in severe attacks, the student's skin and lips may become blue.

About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

Medication and Control

There are several medications used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most students with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Each student's needs and the amount of assistance they require will differ.

Children with asthma must have immediate access to their reliever inhalers when they need them. Students who are able to use their inhalers themselves should usually be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the student's name. Inhalers should also be available during physical education and sports activities or school trips.

It is helpful if parents/carers provide schools with a spare inhaler for their child's use in case the inhaler is left at home accidentally or runs out. Spare reliever inhalers must be clearly labelled with the student's name and stored safely. (Also see section below - *Emergency salbutamol inhalers).*

Common Concerns

The medication of any individual student with asthma will not necessarily be the same as the medication of another student with the same condition. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the student is taking other medication.

Students should not take medication which has been prescribed for another student. If a student took a puff of another student's inhaler there are unlikely to be serious adverse effects. However, schools should take appropriate disciplinary action if inhalers are misused by the owner or other students.

Students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities. They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit students with asthma in the same way as other students. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion. Students with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

If a student is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply. The person in charge should not put his/her arm around the student, as this may restrict breathing. The student should sit rather than lie down. If the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

Emergency Salbutamol inhalers

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage these so that one will be available on-site use by students whose own are finished or forgotten. This is subject to parental consent

The School First Aid team is responsible for administration of the inhalers and for updating school records. Inhalers will only be administered after checking SIMS to ensure parental consent has been given.

Designated staff are trained in:

- Recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- Responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- Administering salbutamol inhalers through a spacer;
- Making appropriate records of asthma attacks.

Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the student and school staff are given adequate support.

Not all students with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals. Some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/ or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). An example of some types of generalised seizures are:-

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The student's pallor may change to a dusky blue colour.

Breathing may be laboured during the seizure.

During the clonic phase of the seizure there will be rhythmic movements of the body which will gradually cease. Some students only experience the tonic phase and others only the clonic phase.

The student may feel confused for several minutes after a seizure. Recovery times can vary - some require a few seconds, where others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A student having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents and teachers may think that the student is being inattentive or is day dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

- **Simple Partial Seizures** (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

- **Complex Partial Seizures** (when consciousness is impaired)

This is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a student's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some students. Screens and/or different methods of lighting can be used to enable photosensitive students to work safely on computers and watch TVs. Parents should be encouraged to tell schools of likely triggers so that action can be taken to minimise exposure to them.

Students with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks should be discussed with students and their parents, and if necessary, seeking additional advice from the GP, paediatrician or school nurse/doctor.

When drawing up health plans, parents should be encouraged to tell schools about the type and duration of seizures their child has, so that appropriate safety measures can be identified and put in place.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The student should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The student's airway must be maintained at all times. The student should not be restrained and there should be no attempt to put anything into the mouth. Once the convulsion has stopped, the student should be turned on his or her side and put into recovery position. Someone should stay with the student until he or she recovers and re-orientates. Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the student regaining consciousness or where there is any doubt.

Diabetes

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most students will be able to do this themselves and will simply need a suitable place to do so.

Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of Physical Education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a student with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

Each student may experience different symptoms and this should be discussed when drawing up the health care plan.

If a student has 'a hypo,' it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the student has recovered, some 10-15 minutes later. If the student's recovery takes longer, or in cases of uncertainty, call an ambulance. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and schools will naturally wish to draw any such signs to the parents' attention.

Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

For some children, the timing of the injection may be crucial. This needs to be clear in the health care plan and suitable procedures put in place so that swift action can be taken in an emergency.

The student may be old enough to carry his or her own medication but, if not, a suitable safe yet accessible place for storage should be found. The safety of other students should also be taken into account. If a student is likely to suffer a severe allergic reaction all staff should be aware of the condition and know who is responsible for administering the emergency treatment.

Parents/carers will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in cookery, food technology and science classes and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

Each student's symptoms and allergens will vary and will need to be discussed when drawing up the individual health care plan. Call an ambulance immediately particularly if there is any doubt about the severity of the reaction or if the student does not respond to the medication.

Appendices

Unacceptable Practice

School's policies are designed to ensure the health and well-being of all students and specifically guard against the following:

1. Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
2. Assuming that every child with the same condition requires the same treatment;
3. Ignoring the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
4. Sending 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;
5. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
6. Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
7. Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively; (see summary of intimate care policy)
8. Requiring parents, 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
9. Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHP process.

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

Family Contact Information

Name	
Relationship to child	
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	

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

Signed

School	
Parent/Carer	
Student	

Form copied to

Intimate Care (Policy Summary)

Introduction
Trinity School is committed to ensuring that all staff responsible for the intimate care of children/young people will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

Definition
Intimate care is any care which involves washing, touching or carrying out an invasive procedure) to intimate personal areas (such as cleaning up after a child has soiled him/herself. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent will undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice
The management of all children/young people with intimate care needs will be carefully planned. The child/young person who requires intimate care is treated with respect at all times; the child/young person's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including child protection guidance and, where required, lifting & handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from physiotherapist/occupational therapist.

All adults involved in any kind of intimate care or personal care are subject to a DBS check for Regulated Activity.

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

The child/young person will be supported to achieve the highest level of autonomy that is possible given their ages and abilities. Staff will encourage each child/young person to do as much for him/herself as he/she can. This may mean, for example, giving the child/young person responsibility for washing themselves. Intimate care plans will be drawn up for particular children/young people as appropriate to suit the circumstances of the individual.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each child/young person's situation to determine how many carers might need to be present when a child/young person is toileted. Where possible a child/young person will be catered for by one adult unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented.

Wherever possible staff will only care intimately for an individual of the same sex. However in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child/young person's Individual Healthcare Plan. The needs and wishes of the children/young people and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children/Young People
Safeguarding and Multi Agency Child Protection procedures will be adhered to.

All children/young people will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child/young persons presentation, e.g. marks, bruises, soreness etc. she/he will immediately report concerns to the appropriate manager/designated safeguarding lead.

If a child/young person 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/young person's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child/young person makes an allegation against a member of staff, all necessary procedures will be followed (see the Links with Other Agencies section).

All staff will be required to confirm that they have read the document 'Guidance for Intimate Care and Toileting' and the need to refer to other policies the school may hold for clarification of practices and procedures.

These Procedures were formulated in consultation with staff and school's Governing Body.

Situations Which May Lend Themselves to Allegations of Abuse

1. Physical Contact

All staff engaged in the care and education of children must 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 is likely to raise questions unless 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 view, physical contact might be associated with such experiences and lead to staff being 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 protect staff from such allegations.

2. Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury/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 fully aware of the school Physical Intervention/Positive Handling Procedures.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or make a child comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

3. Children in Distress

There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a 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 pupils' distress, their age, the extent and cause of 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 parents or school's counsellor.

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.

4. 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 view must be actively sought and, in particular, any discomfort with the arrangements addressed (see Guidance for Intimate and Personal Care).

5. 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, 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.

6. Showers / Changing Clothes

Children are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that bullying does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupils needs require it, avoid any physical contact when children are in a state of undress and avoid any visual intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct e.g. adults must not change in the same place as children or shower with them.

7. Out of School – trips, clubs etc.

Employees should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour

expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's Educational Visits procedures, and where required, LA and Outdoor Education Adviser Panel (OEAP) Guidance regarding educational visits/off site activities.

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

On occasions (field trips/days out etc.) some children might be short of funds and would be embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child provided that this was disclosed to colleagues.

Meetings with children away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher 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.

If staff come into contact with children with whom they work whilst off duty, they must behave as though in a professional role and not give conflicting messages regarding their own conduct.

8. Photography, Videos and Similar Creative Arts

Staff should be aware of the potential for such mediums of teaching to be used for wrong purposes. Additionally children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

Schools must have clear policies and protocols for the taking and using of images and of the use of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one to one sessions; appropriate privacy when changing of clothes is required; and, arrangements for access to the material and storage.

Consent to participating in these activities should be sought from the parents/carers, but staff must remain sensitive to those children who appear particularly uncomfortable with the activity.

The guidance in Safety Series G21 – Use of Photographic Digital Images, good practice and any school-specific procedures should be followed when taking or using any images/photographs of children.

Frequently asked questions

What if we have nowhere to change children?

If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on the floor or another suitable surface, screened off if required. Most children can be changed in a standing position and can be changed in a cubicle.

A ‘Do not enter’ sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change to child.

Won’t it mean that adults will be taken away from the classroom or setting?
Depending on the accessibility and convenience of a setting’s facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive learning time.

Is it OK to leave a child until parents arrive to change them?
Asking parents to come and change a child is in direct contravention of the DfE statutory guidance ‘Supporting Pupils at School with Medical Conditions’, April 2014 which came into force on 1 September 2014. It is also likely to be construed as a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until parents arrived?

Who is responsible for providing nappies/continence wear?
Parents are responsible and must provide supplies. Schools may be asked how many nappies they may require by the continence nurse in order for them to calculate how many to give parents. Schools should provide gloves, other disposable clothing and personal protective equipment.

How do we dispose of nappies?
Check with your refuse collection service provider. For occasional use you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

What if no one will take responsibility to change nappies?
Consider your arrangements when a child accidentally wets or soils. The same system could be used for when such tasks might be expected rather than unexpected, but it is good practice for a familiar adult to undertake this task. While the DfE statutory Guidance ‘Supporting Pupils at School with Medical Conditions’, April 2014 states that support is a voluntary task, it is written into the job description of most Local Authority employed teaching assistants. The statutory guidance does extend to pupils with toileting issues and is clear that a medical diagnosis is not a pre-requisite before school must provide any necessary support. Therefore appropriate staffing must be made available.

I am worried about lifting
Risk assessments must be undertaken for each child. Where manual handling in the form of support is required staff should receive advice or training. Children must not be physically lifted if they weigh more than 16kg, but encouraged to get on/off any changing beds themselves - many are height adjustable. Suitable equipment, such as hoists should always be used for children who are unable to help themselves, which will reduce the risk of injury to both child and staff – training will be required.

How can I help a child to communicate when they need to use the toilet?
Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words.

For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language

I work in an early years setting, won't I be changing nappies all the time?
No, if parents change the child before school or arrival at the setting, staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

Parents won't bother to toilet train their child will they?
Parents are as anxious as you for their child to be out of nappies. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families through any difficulties. For early years settings it is not appropriate that your expectation is that all children will be out of nappies prior to starting nursery.

Is it true that men can't change nappies because of child protection issues?
No, there are many men in childcare who change nappies on a daily basis. CRB checks will have been or DBS checks are carried out to screen for any known risks, and safe practice induction given to all designated staff. If there is a known risk of false allegation by a child then a single carer should not undertake intimate care.

What if a child reacts defensively, or reacts to personal care?
Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the parent/carer whether anything has happened which may have led to the child being anxious or upset about intimate care. Has there been a change in the household? If you are still concerned, consider whether there may be child protection issues and follow the school child protection policy.

What if a member of staff refuses to change a child/young person who has soiled?
The Equality Act 2010 is clear that children should be protected from discrimination, and therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. 'Supporting Pupils at School with Medical Conditions' statutory guidance from the DfE is also clear that pupils should be supported with toileting issues whether there is a medical diagnosis involved or not. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.