



# THE BISHOPS' BLUE COAT CHURCH OF ENGLAND HIGH SCHOOL

## Medical Conditions Policy

All of the policies that shape our lives and daily practice at Bishops` are informed by our Christian vision and values: to know, nurture and inspire our students to be the best version of themselves so that they can live `life in all its fullness` (Jn 10: 10)`.

<b>Is this policy statutory?</b>	Yes
<b>Review period</b>	3 Years
<b>Date of approval</b>	March 2021
<b>Committee Responsible</b>	Students

## Table of Contents

1. Policy Statement .....	3
2. Legal Framework.....	3
3. Definitions.....	3
4. Key Roles and Responsibilities .....	3
4.1 Governing Body.....	4
4.2 Headteacher.....	4
4.3 All Staff Members .....	5
4.4 The Facilities, Health and Safety Manager.....	5
4.5 First Aiders .....	6
4.6 SENDCO .....	6
4.7 Parents/Carers .....	6
4.8 Students .....	6
4.9 Local Doctors and specialist healthcare professionals .....	7
4.10 Training of Staff.....	7
5. Medication .....	7
5.1 Administration of Medication.....	7
5.2 Administering Emergency Medication.....	8
5.3 Storage .....	9
5.4 Safe Disposal .....	9
6. Individual Healthcare Plans.....	10
6.1 School Individual Health Care Plan (IHCP) register .....	10
7. Other Record Keeping.....	10
8. Trips and Visits .....	11
9. Monitor and Review.....	11
Appendix 1 Intimate Care Policy/Procedure.....	12
Appendix 2 .....	20
Appendix 3 – Individual Health Care Plan (IHCP) Template.....	21
Appendix 4 -Individual Health Care Plan Letter .....	24
Appendix 5 – Asthma Card Template .....	25
Appendix 6 – Permission to Administer Medications Letters.....	27

## 1. Policy Statement

Our vision statement states that:

The Bishops' Blue Coat Church of England High School is an exciting place to be. We know, nurture and inspire our community to be the best version of themselves through a better understanding of the Christian faith, and a rich set of opportunities that support and challenge our learners so they are equipped to succeed. Through their engagement in society at Bishops' and beyond, students make a positive difference through their wise action and a sense of responsibility. Our students' initiative, drive and resilience will enable them to flourish and live 'life in all its fullness.' (John 10:10).

We believe that all people are made in the image of God and are unconditionally loved by God. Everyone is equal and we treat each other with dignity and respect. Our school is a place where everyone should be able to flourish in a loving and hospitable community.

We take the health and wellbeing of its students very seriously. As described in the Medical Conditions Policy, the school aims to support students with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any student with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

Students will always be treated with care and respect when intimate care is given, and no student will be left feeling embarrassed

## 2. Legal Framework

This policy has due regard to the statutory legislations and guidance including. But not limited to, the following:

- Children and Families Act 2014
- DfE 'Supporting students at school with medical conditions' 2015

## 3. Definitions

- We define "medication" as any prescribed or over the counter medicine
- We define "prescription medication" as any drug or device prescribed by a doctor.
- We define a "staff member" as any member of staff employed at the school, including teachers.

## 4. Key Roles and Responsibilities

Our school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, volunteers, community healthcare professionals and students to ensure the policy is planned, implemented, and communicated successfully.

#### 4.1 Governing Body

The governing body acknowledges that First Aid can save lives and prevent minor injuries becoming major injuries. It accepts its responsibility:

- a. For the implementation of the Medical Conditions Policy
- b. To provide adequate and appropriate equipment and facilities for providing first aid in school.
- c. The governing body has overall responsibility for ensuring that administering medication ([section 5](#)), does not discriminate on any grounds, including but not limited to; ethnicity/national origin, culture, religion, gender, disability, or sexual orientation.
- d. The governing body is responsible for handling complaints regarding this policy, as outlined in the school's Complaint Policy.
- e. The governing body is responsible for ensuring the correct level of insurance is in place for the administration of medication.
- f. The governing body is responsible for ensuring that members of staff who provide support to students with medical conditions are suitably trained and have access to information needed.
- g. The governing body is responsible for ensuring that relevant health and social care professionals are consulted to guarantee that the needs of students with medical conditions are properly supported.
- h. The governing body will manage any complaints or concerns regarding the support provided or administration of medicine using the school's Complaint Procedure Policy.
- i. The governing body is responsible for the health and safety of their students, employees, and anyone else on the school premises. This includes:
  - Arrangements for first aid
  - Number of first aiders/emergency first aiders at work
  - Number and location of first aid containers
  - Arrangements for offsite activities and visits
  - Out of school hours arrangements, e.g., lettings, parents' evenings

#### 4.2 Headteacher

The headteacher is responsible for the implementation of this policy in the school. It will be monitored through the mechanisms outlined below. The headteacher is responsible for and will ensure that:

- a) arrangements are put into place that provide effective support for students' medical conditions within the school
- b) making sure these arrangements demonstrate an understanding of how medical conditions can affect a child's ability to learn, and that they are clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits or in sporting activities and are not prevented from doing so.
- c) making sure parents/carers are aware of the school's Medical Conditions Policy, including arrangements for first aid
- d) making reasonable adjustments in line with DfE and local authority guidance
- e) ensure the school consults with and is advised by healthcare professionals when considering how to support students with medical conditions and listens to and values the views of students and parents to secure their confidence in the procedures.

- f) ensure that the care of students with medical conditions who also have special educational needs or disabilities comply with the school's policies for supporting such students.
- g) arrange for sufficient staff to be professionally trained to provide the support that students with medical conditions need including the administering of medication.
- h) ensure all staff who need to know are aware of relevant student's conditions
- i) responsible for delegating the Facilities, Health and Safety Manager that staff members understand the local emergency services' arrangements and that training records are available.
- j) responsible for delegating student confidentiality to the data protection team.
- k) responsible for delegating to the supply co-ordinator that all supply teachers and new staff know the Medical Conditions Policy.
- l) responsible for delegating a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register thus ensuring that information held by the school is accurate and up to date, including information sharing systems in place using students' Healthcare Plans.
- m) responsible for monitoring and reviewing the policy regularly with input from students, parents, staff, and governors.
- n) responsible for updating the policy every three years according to review recommendations and recent local and national guidance and legislation.
- o) responsible for reporting back to all key stakeholders about implementation of the Medical Conditions Policy.

#### 4.3 All Staff Members

All staff members are responsible for the following:

- a) being aware of the policy for supporting students with medical conditions and understanding their role in its implementation
- b) ensuring all students are following the policy
- c) always putting the welfare and well-being of students first
- d) referring to the medical conditions list in order to consider the needs of students with medical conditions that they teach or otherwise work with
- e) be aware of how a child's medical condition will impact on their participation in out of school and sporting activities
- f) undertaking training and achieving the necessary level of competency before they take on responsibility for supporting students with medical conditions
- g) implementing the agreed policy fairly and consistently
- h) following actions in a risk assessment when required
- i) Accompanying a student if sent to hospital until their parent/carer has arrived

#### 4.4 The Facilities, Health and Safety Manager

The Facilities, Health and Safety Manager is responsible for the following:

- a) Contributing to the updating of the Medical Conditions Policy
- b) providing regular training to school staff in managing the most common medical conditions

- c) Providing information on where the school can access other specialist training relating to medical conditions
- d) Ensuring first aiders are trained and deployed in school
- e) Contributing to into risk assessments for students when required

#### 4.5 First Aiders

First aiders are responsible for the following:

- a) giving immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- b) Ensuring an ambulance or other professional medical help is called when necessary
- c) Promptly asking for further support from wider staff if required to support the individual they are treating
- d) asking if there is a health care plan for the individual they are treating

#### 4.6 SENDCO

SEND are responsible for the following:

- a) Contributing to the updating of the Medical Conditions Policy
- b) knowing which students have a medical condition and which have special educational needs because of their condition.
- c) ensuring teachers make the necessary arrangements if a student needs special consideration or access arrangements for internal exams of coursework.
- d) maintaining and reviewing IHCP documentation for students on the SEND register ([Section 6](#)).

#### 4.7 Parents/Carers

Parents/carers are responsible for the following:

- a) providing the school with sufficient and up to date information about their child's medical needs, ensuring there is an up to date IHCP for their child if required
- b) participating in the development and review of their child's individual healthcare plan, if a plan is agreed to be appropriate
- c) completing a medication administration form prior to their child bringing medication into school, informing the school about the medication their child requires during school hours and discussing this medication with their child
- d) ensuring their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.
- e) informing the school of any medication their child requires while taking part in education visits, outings or field trips and other out-of-school activities.
- f) ensuring spare emergency medication is available in school i.e., epi-pen, inhalers
- g) sharing information regarding their child which will assist with risk assessments when required

#### 4.8 Students

Students are responsible for the following:

- a) treating other students with and without a medical condition equally

- b) Informing their parents, teacher or nearest staff member when they are not feeling well or if another student is not feeling well.
- c) having medication in school if this has been agreed and approval has been given
- d) Treating all medication with respect
- e) knowing how to gain access to their medication in an emergency.
- f) ensuring a member of staff is called in a medical emergency.
- g) supporting the information in their risk assessment when one is required

#### 4.9 Local Doctors and specialist healthcare professionals

Local doctors and specialist healthcare professionals caring for students who attend our school are responsible for

- a) completing the student's Healthcare Plans when required.
- b) where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours.
- c) offering every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- d) ensuring the child or your person knows how to take their medication effectively.
- e) ensuring children and young people have regular reviews of their condition and their medication.
- f) providing the school with information and advice regarding individual children and young people with medical conditions (with the consent of the student and their parents) when required.
- g) understand the schools Medical Conditions Policy.

#### 4.10 Training of Staff

- a) Staff will receive training updates on medical conditions via email, staff briefings, inset days and staff training throughout the year
- b) staff will receive specific training for their role in supporting students' specific medical conditions and will ensure their training is up to date in line with recommendations, e.g., first aiders are trained every 3 years.

## 5. Medication

The Local governing body recognises that students may at some time need to take medication at school. While parents retain responsibility for their child's medication, the School has a duty of care to the students while at school, and acknowledges that when practical and to safeguard and promote children's welfare, it may be necessary for medicines to be administered at school.

### 5.1 Administration of Medication

- a) medicines should only be administered at school when it would be detrimental to a child's health or attendance not to do so. Medication will only be administered at school for those students with long-term conditions and if there is no other option. Individual cases will be considered on their merits.
- b) Prior to staff members administering any medication, the parents/carers of the student must complete and sign a Permission to Administer Medication form.
- c) No student will be given medicines without written parental consent.
- d) Before administering medicine, maximum dosages and when the previous dose was taken will be checked.

- e) Staff members have the right to refuse to administer medication. If a staff member does refuse, the headteacher will delegate the responsibility to another staff member.
- f) Training is given to staff members who agree to administer medication to students. Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff. Regarding medication for behaviour-related conditions, such as ADHD, please be advised that the school is not responsible for the management and administration of medication for students – this is the responsibility of the parent. Parents must ensure that their child has taken their medication at the appropriate time every day and in dose frequencies which enable them to be taken outside of school hours. If the medication requires that a student administer this during the school day, this will be done in consultation with the SEND department and provision adjusted to support the individual circumstances. The school will work with families to support them. In relation to these cases, if a student does not take his or her medication, this could have profound consequences in terms of school discipline. In such situations, parents will be expected to attend a meeting to establish key responsibilities.
- g) Parents/carers will be consulted before a student is given approval to be responsible for their own medication. These arrangements will be noted in SIMS and on their ICHP if appropriate. If a student refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their ICHP and parents/carers will be informed so that alternative options can be considered. Relevant records will be updated.
- h) The school cannot be held responsible for side effects which occur when medication is taken correctly.
- i) Where a student's medical condition is unclear, or where there is a difference of opinion, judgements about what support to provide will be based on the available evidence, including a consultation with parents/carers.
- j) If a trained member of staff, who is usually responsible for administering medication, is not available we make alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.
- k) If a student misuses medication, either their own or another student's, their parents are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.

## 5.2 Administering Emergency Medication

- a) All students with medical conditions have easy access to their emergency medication.
- b) All students are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they can start taking responsibility for their condition. All students should carry their emergency medication with them, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- c) Students who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- d) Students who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.
- e) All staff have been informed through training that they are required, under common law duty of care, to act like any prudent parent in an emergency.



- f) Emergency medication is readily available to students who always require it during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

### 5.3 Storage

- a) There is an identified member of staff in the administrative team who ensures the correct storage of medication at school. This is a receptionist.
- b) Prescribed medicines will only be accepted if they are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage, and storage. The exception to this is insulin, which still must be in date, but can be used inside an insulin pump or pen, rather than the original container.
- c) All medicines are stored safely in the locked medicine cabinet in the medical room or in the fridge in the medical room if required, except for EpiPens and inhalers, which must not be locked away and are kept readily accessible
- d) The identified member of staff (receptionist) checks the expiry dates for all medication stored at school regularly – at least once per term.
- e) The identified member of staff (receptionist), along with the parents of students with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of dose. This includes all medication that students carry themselves.
- f) A maximum of four weeks' supply of medication may be provided to the school.
- g) Students will never be prevented from accessing their medication. Medication is stored in accordance with instructions, paying particular note to temperature.
- h) There is an identified member of staff (receptionist) who is responsible for undertaking weekly fridge temperature checks and alerting the Facilities, Health and Safety Manager to any problems.
- i) When medicines are no longer required, they will be returned to the parents/carers of the student.
- j) All medication is sent home with students at the end of the school year. Medication is not stored in the summer holidays.
- k) It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year or at an appropriate time.

### 5.4 Safe Disposal

- a) Parents at our school are asked to collect out-of-date medication.
- b) If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- c) A nominated member of staff (receptionist) is responsible for checking the dates of the medication and arranging for the disposal of any that have expired. This check is done termly and is always documented.
- d) Sharps boxes should always be used for the disposal of needles and other sharps. These are in the medical room. Collection and disposal is arranged externally.
- e) If a sharps box is needed on an off-site residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the student's parent.

## 6. Individual Healthcare Plans

- a) Individual healthcare plans (IHCP) are provided to the school by parents or medical professionals for students with long term medical conditions ([Appendix 3](#)). They record vital details about individual children's medical needs at school, their triggers, signs, symptoms, medication, and other treatments. Further documentation can be attached to the IHCP if required. An example can be seen in [Appendix 5](#).
- b) If a student has a short-term medical condition that requires medication during school hours, a Permission to administer medication form is sent to the student's parents to complete.
- c) The parents, healthcare professional and student with a medical condition are asked to fill out the student's IHCP together. Parents then return these completed forms to the school.

### 6.1 School Individual Health Care Plan (IHCP) register

- a) IHCPs are used to create a centralised register of students which is stored at reception with medical needs and these details are also recorded in SIMS.
- b) Parents are responsible for updating their child's IHCP and informing the school if their child has a medical emergency or if there have been any changes to their symptoms, or their medication and treatments change.
- c) All members of staff who work with groups of students have access to the IHCPs of students in their care.
- d) When a member of staff is new to a student group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the IHCPs of students in their care on SIMS.
- e) We ensure that all staff protect student confidentiality.
- f) IHCPs may be sent ahead to emergency care staff, should an emergency happen during the school hours or at a school activity outside of the normal school day.
- g) We ensure we seek permission from the student and parents before sharing any medical information with any other party, such as when a student takes part in a work experience placement.

## 7. Other Record Keeping

- a) Written records will be kept for any medication administered to students.
- b) A log with students' severe medical conditions is shared with staff electronically, at the beginning of each academic year and is held centrally. Updates are communicated to staff via email, staff briefings and training.
- c) We ensure we keep an accurate record of each occasion an individual student is given or supervised taking medication. Details of the supervising staff member, student, dose, date and time are recorded. If a student refuses to have medication administered, this is also recorded, and parents are informed as soon as possible.
- d) Parents are asked if their child has any health conditions or health issues on the enrolment form, which is completed on entry to the school.
- e) Parents of new students starting at other times during the year are also asked to provide this information on enrolment forms.

- f) All school staff who volunteer or who are contracted to administer medication are provided with training. The Facilities, Health and Safety Manager keeps a register of staff who have had the relevant training.

## 8. Trips and Visits

- a) Staff attending off-site visits are aware of any students with medical conditions on the visit. Trip leaders are responsible for obtaining information about medical conditions of students, about the type of medical condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed. In the event of an educational visits or activity which involves leaving the school premises, medicines, and devices, such as insulin pens and asthma inhalers, will be readily available to staff and students.
- b) All trips and visits require consent from parents. Residential and overseas trips require parents to update medical records. This form requests up-to-date information about the student's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the student manage their condition while they are on the trip/visit. This includes information about medication not normally taken during school hours and includes a declaration in case of an emergency when a child may require dental, medical, or surgical treatment, including anaesthetic or blood transfusion.
- c) All medical information is taken by the relevant staff member on visits and for all out of school hours activities where medication is required. These are accompanied by a copy of the student's ICHP if relevant.
- d) All parents of students with a medical condition attending an educational visit, residential trip or overseas visit are asked for consent, giving staff permission to administer medication if required.
- e) The Residential visit form also details what medication and what the student is currently taking at various times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the student manage their condition while they are away.

## 9. Monitor and Review

This policy is reviewed every three years by the governing body.

Records of medication, which have been administered on school grounds, will be monitored and the information will be used to improve school procedures.

Staff members who are trained to administer medication will routinely recommend any improvements to the procedure.

Complainants are directed the school website where the Complaints Policy may be found.

## Appendix 1 Intimate Care Policy/Procedure

### Contents:

#### Statement of intent

1. [Legal framework](#)
2. [Definitions](#)
3. [Health and safety](#)
4. [Staff and facilities](#)
5. [School responsibilities](#)
6. [Parental responsibilities](#)
7. [Safeguarding](#)
8. [Offsite visits](#)
9. [Policy review](#)
  - a) [Record of Intimate Care Intervention](#)
  - b) [Toilet Management Plan](#)
  - c) [Agreement between Student and Personal Assistant](#)

We believe that all people are made in the image of God and are unconditionally loved by God. Everyone is equal and we treat each other with dignity and respect. Our school is a place where everyone should be able to flourish in a loving and hospitable community.

We take the health and wellbeing of its students very seriously. As described in the Medical Conditions Policy, the school aims to support students with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing body recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any student with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

Students will always be treated with care and respect when intimate care is given, and no student will be left feeling embarrassed.

#### Intimate Care Policy

##### 1. Legal Framework

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

- DfE (2018) Keeping Children Safe in Education.
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010

1.2 This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Medical Conditions Policy

- Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy

## 2. Definitions

2.1 For the purpose of this policy, intimate care is defined as any care which may involve the following:

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Feeding
- Assisting with toilet issues
- Providing comfort to an upset or distressed student

2.2 Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

2.3 Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body

2.4 Students may be unable to meet their own care needs for a variety of reasons and will require regular support.

## 3. Health and Safety

3.1 Any member of staff that is required to assist a student with changing a

3.2 and medical bags will be disposed of in an appropriate bin, as per health and safety guidelines.

3.3 medical bag will be trained to do so and will carry out the procedure in accordance with the **Medical Conditions Policy**.

3.4 Staff will wear disposable aprons and gloves while assisting a student in the toilet or while changing incontinence pads or medical bag.

3.5 Where one student requires intimate care/toileting, incontinence pads the changing area or toilet will be left clean.

3.6 Hot water and soap are available to wash hands.

3.7 Paper towels are available to dry hands.

## 4. Staff and facilities

4.1 Staff members who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist students who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Adjustable bed
- Changing mat
- Non-slip step
- Cupboard
- Adapted toilet seat or commode seat

- Hoist/sling
- Swivel mat
- Disposable gloves/aprons
- Pads and medical bags
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag
- Spillage kit

4.2 Bishops' High School has one extended disabled toilet facility which includes an overhead hoisting system, Closimat toilet, mats, and a changing table with a washbasin

4.3 Mobile students will be changed while standing up.

4.4 Students who are not mobile will be changed on a purpose-built changing bed or changing mat on the floor.

4.5 Staff will be supported to adapt their practice in relation to the needs of individual students, considering developmental changes such as the onset of puberty or menstruation.

## 5. School responsibilities

5.1 The privacy and dignity of any student who requires intimate care will always be respected.

5.2 Arrangements will be made with a multi-agency to discuss the personal care needs of any student prior to them attending the school.

5.3 Students who require intimate care will be involved in planning for their own healthcare needs wherever possible.

5.4 In liaison with the student and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any student with a health condition or disability.

5.5 Regular consultations will be arranged with all parents/carers and students regarding toilet facilities.

5.6 A qualified member of staff will change the student or assist them in changing themselves if they become wet, or soiled.

5.7 Any student with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, pads, etc., as provided by the parents/carers.

5.8 Members of staff will react to accidents in a calm and sympathetic manner.

5.9 Accurate records of times, staff, and any other details of incidents of intimate care will be kept, and they will be stored in CPOMS.

5.10 Arrangements will be made for how often the student should be routinely changed if the student is in school for a full day and will be changed by a designated member of staff.

5.11 A minimum number of changes will be agreed.

5.12 The family's cultural practices will always be considered for cases of intimate care.

5.13 Where possible, only same-sex intimate care will be carried out.

5.14 Parents/carers will be contacted if the student refused to be changed or becomes distressed during the process.

5.15 Excellent standards of hygiene will always be maintained when carrying out intimate care.

## 6. Parental Responsibilities

6.1 Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

6.2 Parents/carers will provide spare incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

6.3 A copy of this policy will be read and signed by parents/carers to ensure that they understand the policies and procedures surrounding intimate care.

6.4 Parents/carers will inform the school should their child have any marks/rashes.

6.5 Parents/carers will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

## 7. Safeguarding

7.1 Only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

7.2 Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the students in their care as an extra safeguard to both staff and students involved.

7.3 Individual intimate care plans will be drawn up for students as appropriate to suit the circumstances of the student.






**Toilet Management Plan**

Student's name:		Class/year group:	
Name of personal assistant:			
Date:		Review date:	
<b>Area of need</b>			
<b>Equipment required</b>			
<b>Locations of suitable toilet facilities</b>			
<b>Support required</b>		<b>Frequency of support</b>	

## Working towards independence

Student will try to	Personal assistant will	Parents/carers will	Target achieved date

Signed \_\_\_\_\_ Parent/carer

Signed \_\_\_\_\_ Personal assistant

Signed \_\_\_\_\_ Second member of staff

Signed \_\_\_\_\_ Student (where appropriate)

### Agreement between Student and Personal Assistant

Student's name: \_\_\_\_\_ Class/year group: \_\_\_\_\_

Name of support staff involved: \_\_\_\_\_

Date: \_\_\_\_\_ Review date: \_\_\_\_\_

### Support staff

As the personal assistant helping you with intimate care, you can expect me to do the following:

- i. When I am the identified person, I will stop what I am doing to help you. I will avoid all unnecessary delays.
- ii. When you use our agreed emergency signal, I will stop what I am doing and come and help.
- iii. I will treat you with respect and always ensure privacy and dignity.
- iv. I will ask permission before touching you or your clothing.
- v. I will check that you are as comfortable as possible, both physically and emotionally.
- vi. If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- vii. I will listen carefully if there is something you would like to change about your Intimate Care Plan.

### Student

As the student who requires help with intimate care, you can expect me to do the following:

- i. I will try, whenever possible, to let you know a few minutes in advance that I am going to need help with intimate care, so that you can make yourself available and be prepared to help me.
- ii. I will try to use the toilet at break time, or at the agreed times.
- iii. I will only use the agreed emergency signal for real emergencies.
- iv. I will tell you if I want you to stay in the room or stay with me in the toilet.
- v. I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- vi. I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Signed: \_\_\_\_\_ Personal assistant

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

## Appendix 2

### Risk Assessment Template

#### Risk Assessment

<b>Activity:</b>		<b>Date Risk Assessment carried out:</b>	<b>Review Date:</b>
<b>Location:</b>		<b>Undertaken by:</b>	

<b>Hazard</b>	<b>Risk H/M/ L</b>	<b>Control Measures</b>	<b>Risk H/M/L</b>	<b>Actions Required:</b>

## Appendix 3 – Individual Health Care Plan (IHCP) Template

### YOUNG PERSONS DETAILS:

<b>Full Name:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Year:</b>	
<b>House:</b>	
<b>Medical diagnosis or condition:</b>	
<b>Other medical conditions:</b>	
<b>Allergies:</b>	
<b>Date:</b>	
<b>Review date:</b>	

<p>PLEASE PLACE PHOTOGRAPH HERE</p>
---

### MEDICAL INFORMATION:

<b>Allergies to:</b>
1.
2.
3.

<b>Details of medical condition:</b>

### FAMILY CONTACT DETAILS IN CASE OF EMERGENCY:

<b>Name:</b>		
<b>Relationship to young person:</b>		
<b>Telephone number:</b>	Home:	
	Work:	
	Mobile:	
<b>Email:</b>		
<b>Address if different from child:</b>		

<b>Name:</b>		
<b>Relationship to young person:</b>		
<b>Telephone number:</b>	<b>Home:</b>	
	<b>Work:</b>	
	<b>Mobile:</b>	
<b>Email:</b>		
<b>Address if different from child:</b>		

<b>Medication/contents of emergency kit include:</b>	<b>Dose:</b>
<b>1:</b>	
<b>2:</b>	
<b>3:</b>	

<b>Does the young person carry their own medication?</b>	<b>Yes / No</b>
<p><i>If yes, please indicate which medication is carried by the young person. A spare emergency kit should also be held in a central area on the school premises with this care plan. ALL members of staff should know where the emergency kit is held. <b>NB</b> Please check whether the young person has already taken their own medication, prior to administering any of the medication held for them in school.</i></p>	

<b>Description of the young person's symptoms, signs, triggers, environmental issues etc.</b>

<b>Emergency measures to be taken in the event of a severe allergic reaction:</b>

<b>Arrangements for school visits/trips etc.</b>

**OTHER ESSENTIAL CONTACT DETAILS:**

<b>CONTACT:</b>	<b>CONTACT NAME:</b>	<b>CONTACT NUMBER:</b>
<b>General Practitioner:</b>		

<b>Other Medical Professional:</b>		
<b>Nurse:</b>		
<b>Form tutor:</b>		
<b>School Nurse:</b>		
<b>Special Educational Needs Co-Ordinator (if applicable)</b>		
<b>Other relevant teaching staff trained:</b>		
<b>Other relevant support staff trained:</b>		
<b>Headteacher:</b>		

**STAFF TRAINING REQUIREMENTS**

Staff training needed/undertaken – who, what, when	

Date:	Name:	Job title:	Signature:

**Dates health care plan reviewed:**

## Appendix 4 -Individual Health Care Plan Letter

XXX XXXX XXX

Dear Parents/Carer,

### RE: HEALTH CARE PLAN

We are updating all our Health Care plans for students with specific medical needs, to raise awareness amongst the staff of the signs, symptoms and any triggers of our young people and to ensure that a situation that may arise is dealt with appropriately. The school are required to obtain information for all students who have a medical condition.

Could we please ask you to review and update where necessary the attached Health Care Plan and return it to school reception or email [school@bishopschester.co.uk](mailto:school@bishopschester.co.uk)

In line with our Medical Conditions Policy, the school is also required to obtain consent from the parents/carers of any student within our care who have a Health Care Plan in place, to enable us to share this information when required. The Medical Conditions Policy can be viewed on our website on the Information page.

Details would be shared with any emergency care staff, in the event of an emergency arising during school hours. This includes any staff taking your child off site for a trip or residential visit and when they take part in Work Experience in Year 10. The information detailed on the Health Care Plan will always be treated as confidential.

Could we also please remind you that it is important to inform the school of any changes to symptoms, medication and/or treatment plan, if they arise. The Health Care Plan will be reviewed at the beginning of each academic year.

Yours sincerely,

**Mr Ian Wilson**

Headteacher

✂.....

...

### HEALTH CARE PLAN

Student name: ..... Form: .....

I/We have read the information above and give my/our consent to our child's Health Care Plan being shared as detailed above.

I also agree to inform The Bishop's Blue Coat CE High School, if there are any changes to symptoms, medication and/or treatment plan if they arise.

Print: ..... Signed: .....

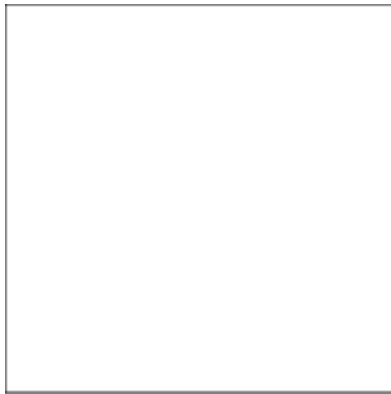
Date: .....



## Appendix 5 – Asthma Card Template

### YOUNG PERSONS DETAILS:

<b>Full Name:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Year:</b>	
<b>House:</b>	
<b>Date:</b>	
<b>Review date:</b>	



PLEASE PLACE  
PHOTOGRAPH

HERE

### FAMILY CONTACT DETAILS IN CASE OF EMERGENCY:

<b>Name:</b>		
<b>Relationship to young person:</b>		
<b>Telephone number:</b>	<b>Home:</b>	
	<b>Work:</b>	
	<b>Mobile:</b>	
<b>Email:</b>		
<b>Address if different to child:</b>		

### OTHER ESSENTIAL CONTACT DETAILS:

<b>CONTACT:</b>	<b>CONTACT NAME:</b>	<b>CONTACT NUMBER:</b>
-----------------	----------------------	------------------------

General Practitioner:		
Nurse		
Form tutor:		
School Nurse:		
Headteacher:		

Does your child regularly visit an asthma nurse?	YES	NO	
--	-----	----	--

Please provide the date of your child's asthma plan:

When is their next review date:

This card is important information for your child's school. **Please ensure that you review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

**Reliever treatment when needed:**

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine:	Parent/carer's signature:

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature:	Date:

Expiry date of medicines:

Medicine:	Expiry:	Date checked:	Parent/carer's signature:

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?	YES	NO	
Does your child need help taking his/her asthma medicines?	YES	NO	

What are you child's triggers (things that make their asthma worse)?	
Pollen	Stress

Exercise		Weather	
Cold/Flu		Air Pollution	
If other please list:			

Does your child need to take any other asthma medicines whilst attending school?	YES		NO	
If yes, please describe below:				
Medicine	How much and when taken			

**Dates card checked:**

Date:	Name:	Job title:	Signature:

## Appendix 6 – Permission to Administer Medications Letters

Dear Parent/Carer,

**RE: PERMISSION TO ADMINISTER MEDICATIONS**

As you are probably aware, we cannot give medication of any sort to a student without prior written consent from a parent/carer and that consent must specify each medication by name. We are only able to administer medication that has been supplied by a parent. We **do not** hold a supply of any medication in school.

Medications that do not require a prescription must be supplied to the school in the original packaging, with clear dosage instructions that are age appropriate for student. For example, paracetamol, ibuprofen or antihistamines. Other examples of non prescription medication include moisturising/soothing preparations for minor skin conditions and sunscreen for routine protection while playing/learning outside.

In order for us to update our records, please would you complete and return the form below. **Please ensure you complete and sign the form, before returning it to school.**

Yours faithfully

Mr I Wilson

**Headteacher**

-----  
**Please return this slip to the main school reception.**

**STUDENTS REQUIRING MEDICATION AT SCHOOL – 20xx/20xx**

STUDENT NAME: ..... FORM .....

I/We hereby give consent for a member of your staff to administer my child named above the following medication:

NAME OF

DRUG/MEDICATION: .....  
 .....

DOSAGE (including times if applicable): .....

HOW SHOULD THE MEDICATION BE STORED? .....

POSSIBLE SIDE EFFECTS? .....

.....  
DATE WHEN MEDICATION WAS PRESCRIBED: .....

**PRINT**  
**NAME:** ..... **SIGNED:** ..... **Parent/Carer**

**DATE**.....

*Please note that no medicine (including anything from cough medicine to antibiotics) can be given to a child if this form has not been completed.*