



Policy Statement

on

Supporting students at school with
medical needs and conditions and for
those requiring intimate care

Revised:

3 Yearly

Approved by Governing Body:

March 2025

Introduction

This policy aims to ensure that students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they are safe and can play a full and active role in school life, remain healthy and achieve their academic potential. This is based upon school working very closely with partner health care professionals and by listening to the views and needs of the student and their parent/carers. Some students with medical conditions may be disabled, some may have special educational needs including an Education, Health and Care (EHC) Plan; some students' health can easily be managed in school whilst others may require long-term and complex support as their health deteriorates including extended absence from school.

Where a student is long-term absent from school they will remain on the school roll; unless it becomes clear that their future educational needs are being met elsewhere. The school has a responsibility to endeavour to deliver a full-time 25 hour a week education provision. However, the number of hours will depend upon the medical need of the individual. Each student (unable to attend full-time mainstream education) will have an Individual Alternative Education Plan (IAEP) to record and put in place an appropriate provision that is personalised and regularly reviewed. Staff will visit the student and the ultimate aim will be to get the student back to school.

The school will work towards ensuring that no student with a medical condition will be denied or prevented from taking up a place in school because arrangements for their medical condition have not been made. Focus should be on the needs of each individual and how their medical condition impacts on their school life. However, and in line with safeguarding duties, this should not place other students at risk and the school will not accept a student where it would be detrimental to the child or prejudice the needs of other students.

This policy should also be read alongside those for:

- Alternative Provision
- Educational Visits
- Health and Safety
- SEND
- Safeguarding

Staff

There is a named person(s) in school with overall responsibility for the implementation of this policy, Assistant Principal (Student Services), Assistant Principal (SEND) and SENDCo. There are also teams* within school with a responsibility to support medical needs students:

- The Welfare and Inclusion Team including safeguarding designated persons
- Student Support Officer and Head of Year
- Medical Room Manager (MRM)
- The Gateway School and its support for students who require Alternative Provision (AP)
- Local Authority staff e.g. LA nurse, Family Worker

*See Appendix A for a list of staff names

Awareness and Information Sharing

It is the responsibility of the above teams to meet with parent/carers and the student themselves either at the start of the diagnosed medical need, transition from a partner primary or from another secondary school to plan the support for a medical needs student. Professional advice is gathered from medical professionals e.g. school paediatrician, GP and education support staff e.g. Family Worker . Each student should have their own individual support plan summarised either in a:

- EHC Plan
- Early Help Assessment (EHA) or
- IAEP

The plan should cover:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues such as crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed (some students will be able to take responsibility for their own health needs), including in emergencies. If a student is self-managing their own medication e.g. epi-pen users, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents for medication to be administered by a member of staff, or self-administered by individual students during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate e.g. risk assessments
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- what to do in an emergency, including who to contact, and any contingency arrangements.

Supporting a student with a medical condition during school hours is not the sole responsibility of one person. The school will ensure that confidentiality protocols* are adhered to and information is shared appropriately. If in any doubt about confidentiality, staff will seek advice from a senior manager or an outside agency e.g. nurse, doctor as required. Staff also have a professional responsibility to share information about students with other agencies and to other members of staff on a need to know basis.

* *Information sharing: Guidance for practitioners and managers is available from the Department of Education www.education.gov.uk*

Partnerships and information sharing are critical so that all staff who need to know are aware of the student's condition and needs e.g. tutor, class teacher, Head of Year in helping to plan and support educational activities in and out of school. For some students bespoke training will be delivered or organised e.g. wheel chair evacuation or arrangements for a residential visit.

This training is usually delivered on-line e.g. 'Supporting students with Diabetes and Epilepsy' or commissioned from an outside agency as the need arises.

Parent/carer views on advice to staff on how best to support their son/daughter are also encouraged but professional health care advice takes precedent.

Insurance cover is appropriate to support students according to their individual plans. Plans are reviewed regularly and at least annually. If necessary, support and advice is sought to ensure all risks and eventualities are assessed.

Medicines

- No student under 16 will be given prescription medicines without their parent's written consent
- Students who need to take medication in school will be identified through completion by the parent/carer of the school's "Medical and Additional Needs Information" form. This is completed for all students prior to entry to the school and records details on: student personal information; health and disability issues; whether a care plan is in place; the medication taken; GP, parental/carer emergency contact information and consent. No prescribed medication can be administered unless this is completed and signed
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. For example, if medication needs to be taken three times a day, this is before school, after school and at bedtime
- School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. School cannot accept medication that has been taken out of its original packaging or container. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container. Nor can school make changes to the dosage given to the student following parental/carer instruction. Changes to medication can only be followed through a new package as prescribed by a doctor or through an up-date of the child's EHC plan as supported by a medical professional
- Non-prescribed medication cannot be given e.g. Paracetamol, unless written ~~or verbal~~ consent is supplied by a parent/carer and the medication is provided by the parent/carer. Medication for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor
- All medicines are stored safely in the medical room. Controlled medicines are stored in a locked safe within a room that is locked when not staffed. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens are always readily available and not locked away
- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction and are competent to do so as judged by the Principal. A first aid certificate alone does not constitute appropriate training in supporting children with medical conditions
- School keeps a record of all medicines administered to individual children, stating name of student, name of medication, how it was given, dosage, frequency, time and date of administration and the name of the staff member supervising the administration. Any side effects of the medication to be administered are noted
- When medication becomes out of date or is found in school without the appropriate packaging or instructions school will write to or contact parents/carers notifying them of this concern. School is aware of its responsibility to destroy out of date or inappropriate medicines and when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Emergency and Medical Room Procedures

If a student requires taking to hospital school will either contact the parents/carer to arrange; call an ambulance or in extreme emergencies use a member of staff and their appropriately insured vehicle. Procedures should go through the school's medical room and liaison with medical staff and any 999 contact should be via the MRM, alongside consultation from any other adult with appropriate information e.g. science teacher after a chemical burn. At least one member of staff should accompany the student to hospital until a parent/carer arrives.

When a student presents themselves to the Medical Room they will be assessed by the MRM:

- urgent cases will take priority (Bleeding, Burns, Broken Bones) and if necessary the student will be taken/sent to Accident and Emergency. The MRM will inform the parents, SLT, Reception, the Attendance Officer and appropriate pastoral staff e.g. Student Support Officer, ~~tutor~~, Head of Year. An accident form must be completed as soon as possible
- head injuries will be taken to Accident and Emergency by ambulance if the student is unconscious. Parents/carers will be contacted and especially so if there is any associated dizziness, vomiting or blurred vision, with a recommendation the parent/carer take them to A and E. If the injury is a minor head injury, the student is to be observed in the medical room for a period of twenty minutes. Parents/Carers are to be informed of any head injuries by telephone. The MRM keeps a note on any observations made. Any student with a head injury is given a leaflet on head injury to share with their parent/carer.

- the parent/carer must be contacted for an illness that requires a student to be sent home and if agreed, the student is to remain in the Medical Room until the parent/carer arrives. Only staff should contact the parent/carer
- it is important that students who feel unwell visit the medical room where they can be assessed and NOT telephone their parents/carers themselves separate from visiting the Medical Room. It is the school's responsibility to assess the situation, offer first aid and then inform the parents/carers. Parents/carers are asked to support the school in this so that the school can carry out its duty of care.
- soft tissue injuries (sprains and strains) are to be assessed and the appropriate treatment given. "Preserve the injury, Rest, Ice pack applied and Elevated" (RICE). If no improvement is evident after twenty minutes, the parent/carer is informed
- any minor injuries will be discussed with the student and treated and then the student is expected to return to their lesson
- all other visits that are not in the above categories will allow the student to sit in the Medical Room for a maximum fifteen-minute respite
- Students are informed that if their symptoms worsen or worry them further that they must return to the Medical Room to be reassessed

Anonymous data on the use of the medical room will be shared as part of the school's self-evaluation process e.g. number of visits by students, number of calls to hospital etc. Student visits will also be monitored, shared with appropriate staff and action taken e.g. reoccurring visits by a student for headaches and panic attacks would result in the MRM alerting pastoral and safeguarding staff.

In times of staff absence or adverse weather conditions the level of cover available for the medical room may be compromised, if the MRM or first aiders are not in school. In this case students will be asked if they are unfit for school, as appropriate, parents/carers will be contacted immediately and their son/daughter will need to be collected and returned home for treatment. If the incident is serious and requires hospital treatment a 999 call will be made from reception.

The medical room is staffed all through the school day including break and lunchtimes and any incident during these periods should be referred there.

First Aid

Staff with first aid training are spread around the school site. All departments have a first aid kit. In higher risk areas at least one member of staff from each department should be first aid trained. The MRM is responsible for regular checks ensuring all first aid kits are maintained and kept up-to-date, old supplies are destroyed and new kits and supplies are ordered where appropriate. Up to date details of who is first aid trained, can be found with HR

First aid kits are taken on any school outing, provided by the MRM and when a club or event occurs before or after school. The leader of the club or event must ensure first aid cover and kits are available. If the club or event is on the school site and after school, HBK Leisure are available to assist with any first aid required.

If a student or member of staff is injured by a needle the wound must be placed under cold running water for 10 minutes whilst squeezing the wound to encourage bleeding. They must then be immediately taken to A & E taking the needle and syringe with them and if possible any relevant medical history of the person who was being injected. In the case of a student the normal procedures regarding being taken to A & E should be followed.

Sports Fixtures

The PE Dept have their own policy on Health and Safety covering risk assessments, injuries and first aid. This is based upon Local Authority guidance, advisers and the PE staff's own safe practice. The policy specifically focuses upon first aid and states that, "all fixtures have a first aid trained member of staff in attendance"; ideally, this is in addition to the coach/referee thus allowing the game to continue whilst the first aider treats any issues, and with an up-to-date medical kit. At the end of a fixture a verbal and visual check should be made with every student, assessing for head injuries in particular. If in doubt students will be asked to stay with the member of staff until the parents or medical support/an ambulance has been requested.

At away fixtures, if a serious injury occurs and the injured person requires A and E the response is to abandon the game and make contact with the Head of Department/senior PE staff and parents/carers. Other students should remain with staff of the home school and the injured student accompanied to hospital by Hinchingsbrooke staff until handed over to parents as and when they are able to arrive. Accident forms are then completed.

For all sports but especially rugby the RFU head injury assessment protocol will be adhered to and concussion management protocol followed (Headcase) with an awareness and understanding of concussion, including how to prevent it and manage suspected cases, summarised by the 4Rs Recognise, Remove, Recover, Return. PE staff will have completed the on-line training.

See: <https://www.englandrugby.com/my-rugby/players/player-health/concussion-headcase/>

Trips and Visits

There is a separate Educational Visits Policy with sections covering areas including risk assessment, emergency planning, critical incident, inclusion, SEND, safeguarding etc. *

(* also see National Guidance from oeapng.info)

The school actively supports students with medical conditions to participate in school trips and visits, or in sporting activities whenever possible. Staff will organise any activity, event or trip so that the maximum numbers of students are able to participate unless

- evidence from a clinician such as a GP or consultant states that this is not possible.
- the venue poses an unacceptable risk to a particular student or students (for example kayaking, caving or visiting a historic site with limited access)

Staff should be aware of any individual need or medical condition and of the need to be flexible for all children to participate according to their own abilities. Risk assessments to plan and support the

individual needs of specific children (and adults) are taken and all trips are checked with both the Safeguarding and SEND Teams.

School will consider what reasonable adjustments we might make to enable students with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the school or other (healthcare) professionals.

Students should ideally take any medicines before day trips and visits. If this is unavoidable a nominated member of staff will take responsibility for carrying and administering the medication at the correct time e.g. Ritalin for a student with ADHD.

An adequate first aid kit needs to be taken on all school trips and visits. This needs to be checked with the MRM **at least** 3 days prior to the event. It should be taken back for re-stocking on return to school. The first aid kit should be appropriate to the nature of the visit. A member of staff needs to be identified as responsible for first aid. This person should have a good knowledge of first aid as a minimum standard. For adventurous, remote or residential trips at least one member of the accompanying staff must be first aid trained. For remote trips (eg geography field trips, ski trips, DofE) the first aid training must be suitable to the activity and may mean staff need to undertake additional training beyond the emergency at work first aid qualification. For these trips the event organiser should ensure that all staff and students on the trip are aware of the safety procedures and that all adults involved are clear on how to contact the appropriate emergency services. When a medical emergency occurs (e.g. the need to consult a doctor or visit a hospital) contact is made with the senior member of staff at school in accordance with the Educational Visits Policy.

Staff must make themselves aware of the more complex medical needs of students on the trip. Staff should consult the MRM for relevant and appropriate guidance and advice on supporting students with medical needs e.g. epilepsy procedures for a student who has epilepsy. This should be arranged as appropriate to the students' needs but at least a week in advance.

The event should also identify health risks associated with the proposed location e.g. water contamination, exposure to the sun and that appropriate action is taken.

All incidents of treating adults and children for first aid need to be recorded at the time of the incident and the MRM informed upon return to school. In serious situations the trip leader will immediately inform the designated senior member of staff.

Intimate Care

Intimate care is any personal care that most people usually carry out for themselves.

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

The management of all young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The young person who requires intimate care is treated with respect at all times; their welfare and dignity is of paramount importance. Staff who provide this care are trained to do so (including safeguarding and moving and handling training) and are fully aware of best practice as outlined in the DfE publication, "Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2019)". Suitable equipment, facilities and advice can be identified to assist with young people who need special arrangements by an assessment from an Occupational Therapist (OT).

It is the school responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationships education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Young people will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each young person does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child/ young person and their parents/carers.

Each young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the young person is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly. Wherever reasonable and practical staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to produce appropriate care would result in negligence, for example female staff supporting boys when there is no male member of staff.

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

Safeguarding Children

Cambridgeshire and Peterborough Safeguarding Children Partnership Board Interagency Procedures will be adhered to alongside the school/setting's safeguarding and child protection policy and procedures.

All children/young people will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Safeguarding Lead for safeguarding and child protection in their school/setting.

If a child/young person is displaying inappropriate sexual behavior/language, advice should be sought from the appropriate source (e.g.: Designated Safeguarding Lead, Deputy Designated Safeguarding Lead, Education Safeguarding Team, Cambridgeshire Sexual Behaviour Service, social care)

If a 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 young person's needs remain paramount. Further advice following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding and Child Protection policy.

All staff involved in intimate care are required to have read the School's Policy and Guidance for Intimate Care and the Guidance for Safer Working Practice as previously mentioned. Be aware of the need to refer to other policies in place for clarification of practices and procedures.

Complaints

All school staff will follow this policy.

Should parents/carers be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

Review

This policy is regularly reviewed at least once a year and additionally following up-dates from the DfE and new government legislation.

This policy was developed by consultation between staff, the governing body or management committee, parents and children/young people (as appropriate) and was ratified

By (signed) on.....

This policy will be reviewed on

Appendix A

Staff

- Assistant Principal (DSL) Tony Heath
- Assistant Principal (SEND) Jamie Jones
- SENDCO Tracey Webb
- Welfare Manager Alison Setchfield
- Assistant Welfare Manager Alie Winter
- School Counsellor Frances Barrett
- Medical Room Manager Katie Goff
- AP Manager Brad Panther
- Assistant AP Manager Kenya Robertson
- Educational Visits Coordinator (EVC) Hayley Reed
- Head of PE Tracey Jago