

ST. IGNATIUS COLLEGE

'Men and women for others'



Supporting Children with Medical Conditions

July 2015

Pastoral Assistant Headteacher

Next Review July 2018

All our pupils have a right to access the full curriculum and to receive the ongoing support, care or medicines they require at school to help them manage their condition and keep well. This Policy recognises the College's responsibility under The Children and Families Act 2014 that places a duty on schools to support students with medical conditions.

The College's Governing Body is responsible for determining the College's policy; ensuring that arrangements are in place to support students with medical conditions and ensuring that this policy does not discriminate on any grounds, including ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

2
0
1
5
-
2
0
1
8

CONTENTS

	<u>Page</u>
1. INTRODUCTION	3
2. DEFINITIONS	3
3. ROLES & RESPONSIBILITIES	3
4. PROCEDURE	4
5. INDIVIDUAL HEALTH CARE PLANS	4
6. ADMINISTERING MEDICINES	5
7. ACTION IN EMERGENCIES	5
8. ACTIVITIES BEYOND THE CURRICULUM	6
9. UNACCEPTABLE PRACTICE	6
10. TRAINING OF STAFF	6
11. MEDICAL PROCEDURES	7
12. COMPLAINTS	7

APPENDICES

D of E '*Supporting Children with Medical Conditions*' - Appendix 1

1. Introduction

1.3 Where a student has a disability, the requirements of the Equality Act 2010 also apply.

1.4 Where a student has an identified special educational need, the SEN Code of Practice also applies.

1.5 St Ignatius College will ensure that pupils with medical conditions receive appropriate care and support at College and this policy has been developed with regard to the Department for Education's statutory guidance of September 2014 – 'Supporting children with medical conditions'. (Appendix 1)

1.6 We recognise that medical conditions may have an impact on social and emotional development as well as on educational development and will build relationships with healthcare professionals and other relevant agencies in order to support the all-round development of students with medical conditions effectively.

2. Definitions

2.1 'Medication' is defined as any prescribed or over the counter medicine.

2.2 'Prescription medication' is defined as any drug or device prescribed by a doctor.

2.3 A 'staff member' is defined as any member of staff employed at St Ignatius College.

3. Roles and responsibilities

3.1 The Named Person responsible for students with medical conditions is Josie Kirby.

3.2 The Named Person is responsible for:

- informing relevant staff of students' medical conditions; contacting the College nursing service in the case of any child who has a medical condition;
- arranging staff training;
- ensuring staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information;
- assisting with risk assessments for College visits and other activities outside the normal timetable;
- developing, monitoring and reviewing Individual Healthcare Plans (IHCPs) and
- working together with parents, students, healthcare professionals and other agencies.

3.3 The Governing Body is responsible for:

- determining the College's policy and ensuring that arrangements are in place to support students with medical conditions and
- ensuring that this policy does not discriminate on any grounds, including but not limited to, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

3.4 The Headteacher is responsible for:

overseeing the management and provision of support for students with medical conditions; ensuring that sufficient trained numbers of staff are available to implement the policy and deliver IHCPs, in normal, contingency and emergency situations; ensuring that College staff are appropriately insured and are aware that they are insured; ensuring the level of insurance reflects the level of risk.

3.5 Teachers and support staff are responsible for: the day-to-day management of the medical conditions of students they work with, in line with training received and as set out in IHCPs; where necessary, making reasonable adjustments to include students with medical conditions into lessons; working with the Named Person to ensure that risk assessments are carried out for College visits and other activities outside of the normal timetable; undertaking training to achieve the competency needed to support students with medical conditions and/or administer medicines, if they have agreed to undertake these responsibilities; providing information to supply staff who will be covering their role where the need for such staff is known in advance; administering medication (if they have agreed to undertake that responsibility) and familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

3.6 The College Nurse is responsible for: notifying the College when a student has been identified as having a medical condition that will require support at College (wherever possible, this should be done before the student starts at the College); providing support for staff on implementing a student's IHCP and providing advice on training; liaising locally with lead clinicians on appropriate support. Any teacher or support staff member may be asked to provide support to a student with a medical condition, including administering medicines. However, no member of staff may be required to provide this support.

3.7 Parents and carers are responsible for: keeping the College informed of any changes in the child/children's health; completing a parental agreement for the College to administer medicine form before bringing any medication into College; providing the College with the medication their child requires and keeping it up to date; collecting any leftover medicine at the end of the course or year; discussing medications with their child/children prior to requesting that a staff member administers the medication and where necessary, developing an IHCP for their child in collaboration with the Named Person, other staff members and healthcare professionals.

4. Procedure when notification is received that a student has a medical condition

4.1 The Named Person will liaise with relevant individuals e.g. parents/carers/the student, health professionals and other agencies to decide on the support to be provided.

4.2 Where appropriate, an IHCP will be drawn up.

5. Individual health care plans

5.1 An IHCP will be written for students with a medical condition that is long term and/or complex.

5.2 The plan will detail what needs to be done, when and by whom and will include information about the student's condition, special requirements, medicines required, what constitutes an emergency and action to be taken in the case of an emergency.

5.3 Where a student has special educational needs but does not have a statement or an Education, Health and Care plan, his/her special educational needs will be noted in the IHCP.

5.4 IHCPs will be reviewed annually or earlier if evidence is provided that a student's needs have changed.

6. Administering medicines

6.1 Written consent from parents must be received before administering any medicines to a student at College.

6.2 Medicines will be accepted for administration only if they are: prescribed, in-date; labelled and are 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 must be in-date but will usually be available inside an insulin pen or pump.)

6.3 Medicines will be stored safely in the First Aid Room. Students should know where their medicines are at all times.

6.4 Any medications left over at the end of the course will be returned to the student's parents.

6.5 Written records will be kept of all medicines administered to students.

6.6 Students who are competent to manage their own health needs and medicines after discussion with parents/carers will be allowed to carry their own medicines and/or relevant devices or will be allowed to access their own medicines for self-medication.

6.7 If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

7. Action in emergencies

7.1 A copy of the following information will be displayed in the Student Information Centre.
Action in Emergencies: Request an ambulance – dial 999 and be ready with the following information: The College's telephone number, your name, the College's address, the location of the patient in the College and the student's name and a brief description of symptoms.

7.2. Ensure relevant gates are open for entry.

7.3. Contact the parents to explain the situation.

7.4. A member of staff should stay with the student until the parent arrives. If a parent does not arrive before the student is transported to hospital, a member of staff should accompany the student.

8. Activities beyond the curriculum

8.1 Reasonable adjustments will be made to enable students with medical needs to take part fully and safely in day trips, residential visits, sports and other extra-curricular activities.

8.2 When carrying out risk assessments, parents, students and healthcare professionals will be consulted where appropriate.

9. Unacceptable practice

9.1 The following behaviour is unacceptable:

Assuming that students with the same condition require the same treatment; ignoring the views of the student and/or their parents; ignoring medical evidence or opinion; preventing students from easily accessing their medication and/or inhalers and administering their medication when and where necessary; sending students home frequently or preventing them from taking part in activities at College, sending the student to the First Aid Room alone if s/he becomes ill; penalising students with medical conditions for their attendance record where the absences relate to their condition e.g. hospital appointments; making parents feel obliged, or forcing parents, to attend College to administer medication or provide medical support, including toilet issues; creating barriers to students participating in College life, including College trips and/or, refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

10. Training of staff

10.1 Teachers and support staff will receive training on the Supporting Students with Medical Conditions Policy and related procedures during their induction.

10.2 Teachers and support staff will receive regular and ongoing training as part of their development.

10.3 Teachers and support staff who undertake responsibilities under this policy will receive training relating to: Epi-Pen; diabetes; epilepsy, first aid, including first aid whilst on trips.

10.4 No member of staff may administer prescription medicines or drugs by injection or undertake any healthcare procedures without undergoing training specific to the responsibility.

10.5 The HR Manager will keep a record of training undertaken and a list of staff qualified to undertake healthcare responsibilities.

11. Insurance

11.1 Staff who undertake responsibilities under this policy are covered by the College's insurance.

11.2 Full written insurance policy documents are available to be viewed by staff who provide support for students with medical conditions. Staff should contact the School Business Manager Elaine Munns, if they wish to see the documents.

12. Complaints

12.1 Any person who wishes to make a complaint about the College's actions in supporting a student with medical conditions should discuss this with the College in the first instance.

12.2 If the issue is not resolved, then a formal complaint may be made following the procedure as set out in the College's Raising Complaints Procedure, which can be found in Staff Handbooks and on the College website:

http://www.st-ignatius.enfield.sch.uk/wp-content/uploads/2011/05/Raising_Concerns_in_Colleges_v21.pdf

ST. IGNATIUS COLLEGE

'Men and women for others'



Intimate Care Policy

July 2015

Governors Policy Review Committee

Next Review July 2018

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

2
0
1
5
-
2
0
1
8

1. Principles

St Ignatius College takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain. The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

- 1.1 In order to safeguard the education and welfare of children at the College, the Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance contained in the guide 'Safeguarding Children and Safer Recruitment in Education' (2007):

http://www.education.gov.uk/taassets/~~/media/get_into_teaching/resources/Final%20636SafeguardChd%20bkmk.pdf

- 1.2 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that '*any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against*'.

- 1.3 This Intimate Care Policy should be read in conjunction with St Ignatius College policies as listed below, which can be found in staff handbooks and on the school website:

<http://www.st-ignatius.enfield.sch.uk/school-info/1043-2/> and

- Safeguarding and Child Protection and Procedures
- staff code of conduct
- Raising Concerns Policy ('whistle-blowing')
- Health and Safety policy and procedures
- Special Educational Needs Policy
- Supporting Children with Medical Conditions Policy

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

- 1.5 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

- 1.6 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

- 1.7 All staff undertaking intimate care must be given appropriate training.

- 1.8 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3. Definition

- 3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.
- 3.2 It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

- 4.1 Pupils who require regular assistance with intimate care have written Individual Healthcare Plans (IHCP's) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.
- 4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 Where an IHCP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the Local Authority regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 St Ignatius child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be
-

done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6. Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7. Medical Procedures

- 7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so.

- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8. Massage

- 8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 8.4 Care plans should include specific information for those supporting children with bespoke medical needs.