

# Supporting Pupils with Medical Conditions (Physical and Mental Health) Policy (incorporating Allergy Policy)



<b>Approved by:</b>	Penny Harris (Director) Jane Cox (Director)	<b>Date:</b> 18 September 2025
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All policies are generated and reviewed with an awareness of equality and diversity in relation to pupils, staff and visitors. All policies are generated and reviewed placing safeguarding and wellbeing at the heart of all that we do.

## 1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Directors will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named persons with responsibility for implementing this policy are Jane Cox and Penelope Harris.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions and allergies in schools.

### **3. Roles and responsibilities**

#### **3.1 The Directors**

The Directors have ultimate responsibility to make arrangements to support pupils with medical conditions. The Directors will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. The Directors will make sure there is appropriate insurance in place for the school.

#### **3.2 The School Leader**

The School Leader will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Confirm with Directors that the school is appropriately insured to support pupils' medical conditions.

#### **3.3 Staff**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teaching staff will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **3.4 Parents**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs at all times
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

### **3.5 Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

### **5. Being notified that a child has a medical condition**

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks for pupils who are new to our school or whose diagnosis changes. Where this is not possible remote education will be offered until the pupil can be safely accommodated on the school site.

See Appendix 1.

### **6. Individual healthcare plans**

The school leader has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the GP, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the head teacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **7. Managing medicines**

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **7.1 Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **9. Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the head teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record keeping**

The Directors will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Liability and indemnity**

The Directors will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Markel commercial combined policy covering On Track Education Ltd., for administration of pre prescribed medication under the 'Professional services' section of the policy at a £10 million limit of indemnity.

## **12. Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the school leader in the first instance. If the school leader cannot resolve the matter, they will direct parents to the school's complaints procedure.

## **13. Monitoring arrangements**

This policy will be reviewed and approved by the Directors every year.

## **14. Links to other policies**

This policy links to the following policies:

Accessibility

Complaints

Equality and Diversity

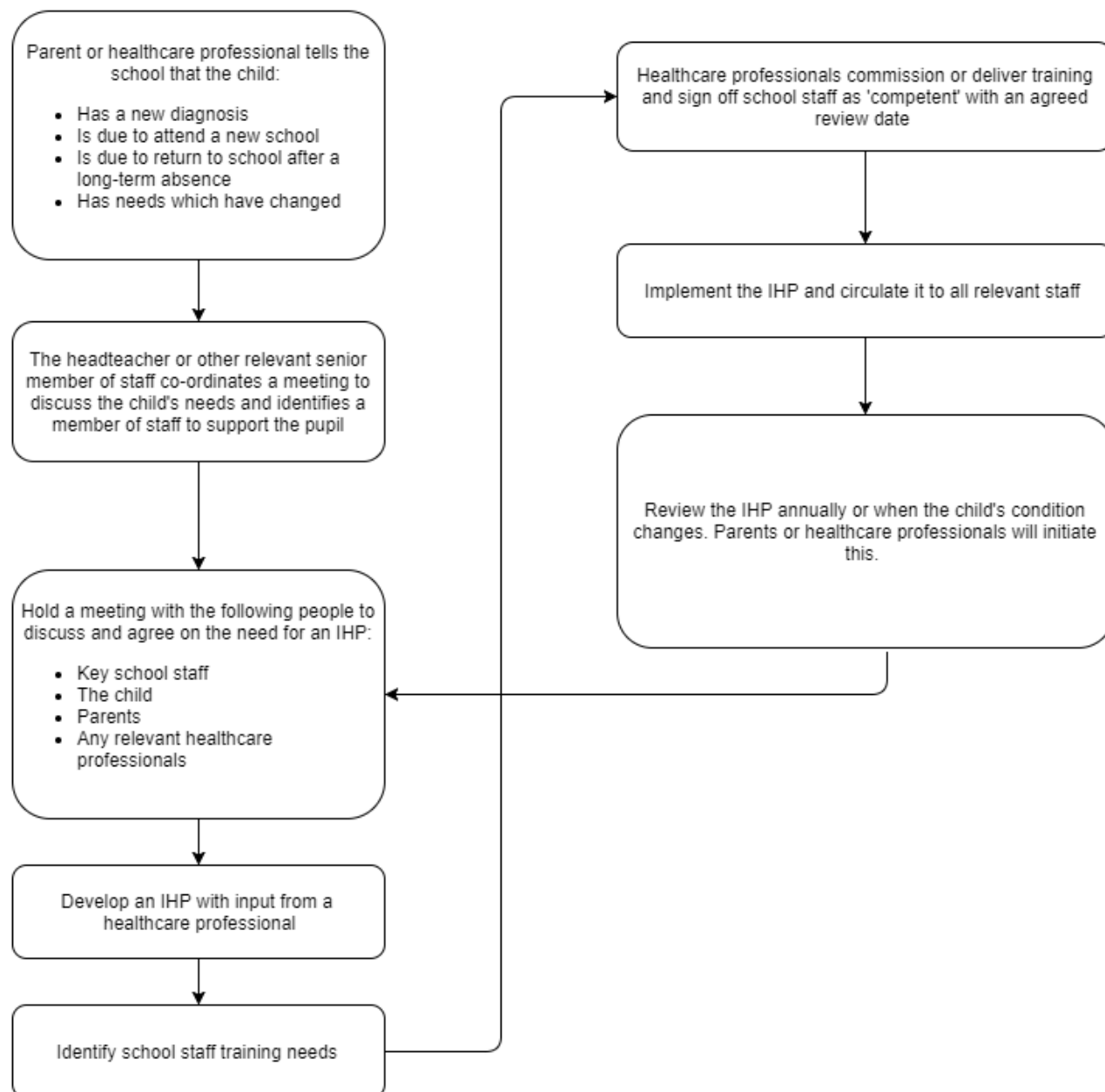
First Aid

Health and Safety

Safeguarding and Child Protection

Special Educational Needs, Disability and Inclusion

## Appendix 1: Being notified a child has a medical condition





## Appendix 2: Medication Record

Pupil Name:

Date of Birth:

Details of medication:
Details of dosage to be given:
Details of times to be given:

Amount of medication provided to school:	A signed 'Parental Agreement for the School to Administer Medication' form is held on file. This must be confirmed before this record can start.	Date:
		Signature confirming check carried out:

Date:	Medication and dosage:	Time given:	Signatures of staff members:



### **Appendix 3: Parental agreement for school to administer prescribed medication to pupils including Allergy Action Plan**

The school will not give medication unless this form has been completed, signed and returned. A copy will be sent back to parents/carers so all are aware of the agreement.

All medication must be in the original container as dispensed by the chemist

<b>Name of pupil</b>	
<b>Date of birth</b>	
<b>Medical Condition(s)</b>	
<b>Name of medication(s)</b>	
<b>Dosage to be given at school for each medication</b>	
<b>Time medication to be given</b>	
<b>Are there any side effects that we need to know about?</b>	

Can your child be responsible for their own medication?	
If your child is at risk of anaphylaxis and carries an AAI please provide full information (including medical action plan if available) and consent to the use of the school's generic adrenaline auto injector if necessary	
What should we do in an emergency?	
Any Other Information	

I give consent for staff at On Track to give medication in line with school policy. I will inform On Track in writing if there is any change in dosage or frequency of the medication or if the medication is stopped.

Name: .....

Signature: .....

Date: .....

## **Appendix 4**

### **Allergy Policy**

This policy aims to outline the procedures relating to the risk of anaphylaxis occurring whilst at school. It must be adhered to by all staff members, parents and pupils with the intention of minimising risks. In order to effectively implement this policy parents are responsible for working alongside the school in identifying allergens and potential risks in order to ensure the health and safety of their children. The school does not guarantee a completely allergen free environment. However this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility and plan for an effective response to possible emergencies.

This policy is based on the Department for Education's guidance on allergies in schools and supporting pupils with medical conditions at school.

## **Roles and responsibilities**

### **Allergy lead**

The nominated allergy lead is Jane Harley.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils.
- Ensuring all allergy information is up to date and readily available to members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Maintaining and checking stock of the school's auto-injectors (AAIs)
- Coordinating the paperwork, medication and information from families

### **All teaching and support staff are responsible for:**

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

**Parents/carers are responsible for:**

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Parents of children with allergies must work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan.
- If required, providing their child with 2 labelled, in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

**Pupils with allergies are responsible for:**

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

**Pupils without allergies are responsible for:**

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

## **Assessing risk**

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.



## **Managing risk:**

### Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

### Catering

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

### Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

## Insect bites/stings

### When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Long sleeved tops and long trousers are advised when visiting locations that are high risk for insect activity.

## Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with known animal allergies will not interact with animals
- Support for mental health

### **Pupils with allergies will have additional support through:**

- Pastoral care
- Regular check-ins with their [class teacher/form tutor/etc.]

## Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips

## **Procedures for handling an allergic reaction:**

### **Register of pupils with AAI**

- The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:
  - Known allergens and risk factors for anaphylaxis
  - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
  - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
- Pupils will keep their personal AAI on them for easy and quick access when needed

### **Allergic reaction procedures:**

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Designated members of staff are trained in the administration of AAI to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation and written parental consent have been provided, or
  - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed

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

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, set out your school's procedures for AAIs, covering these areas:

### **Purchasing, storage maintenance of spare AAIs**

- The allergy lead is responsible for buying AAIs using school purchasing procedures and ensuring they are stored according to the guidance.
- The allergy lead will ensure that AAIs are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.
- Carrying out monthly checks that AAIs are present and are in date
- Ensuring that replacement AAIs are obtained when the expiry date is near

### **Disposal**

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions

### **Use of AAIs off school premises:**

- Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- The lead member of staff on outreach activities is responsible for ensuring an emergency anaphylaxis kit is on hand if required.

## 8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAls are kept on the school site, and how to access them
- How to administer AAls
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead.

## 9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy

## Appendix 5: Individual Healthcare Plan and Allergy Action Plan (where appropriate)

Name of school	
Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

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Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.



Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc.



Other information including Allergy Action Plan



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



Who is responsible in an emergency (*state if different for off-site activities*)

--

Plan developed with (include how the pupil was involved in developing this plan)

--

Staff training needed/undertaken – who, what, when

--

## **Appendix 6: Intimate Care Policy**

### **Aim**

This policy aims to ensure that:

- Intimate care is carried out properly by staff in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved.

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to a child's intimate personal areas.

### **Role of Parents/Carers**

For pupils who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For pupils whose needs are more complex, or who need particular support outside of what is covered in the permission form, an intimate care plan will be created in discussion with parents/carers/pupils and other professionals if appropriate.

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing an intimate care procedure. If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the pupil is comfortable and the school will inform parents/carers afterwards.

### **Creating an intimate care plan**

Where an intimate care plan is required it will be agreed in discussion between the school, parents/carers, the pupil (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to age and understanding the preferences of the pupil will also be taken into account. If there is doubt whether the pupil is able to make an informed choice, parents/carers will be consulted.

The plan will be reviewed twice a year even if no changes are necessary and updated regularly as well as whenever there are changes to a pupil's needs.

### **Sharing Information**

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant up to date information regarding any intimate care matters as needed.

### **Role of Staff**

Members of staff will be given the choice as to whether they are prepared to provide intimate care for a pupil unless this is explicitly within their current job role.

Staff will receive

- Training in the specific types of intimate care they undertake

- Regular safeguarding training
- Manual handling training, if necessary, that enables them to remain safe and for the pupil to have as much participation as possible.

They will be familiar with

- Control measures set up in risk assessments and carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

### **Intimate care procedures**

When carrying out procedures the school will provide staff with protective equipment as required.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary a good stock (at least one week's worth in advance) of necessary resources such as nappies, underwear and/or a spare set of clothing. Soiled clothing will be contained securely, labelled and discreetly returned to parents at the end of the school day.

### **Safeguarding Concerns**

If a member of staff carrying out intimate care has concerns about physical changes in a pupil's appearance they will report this using the school's safeguarding procedures.

If a pupil is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report this immediately using safeguarding procedures. If a pupil makes an allegation against a member of staff, the responsibility for intimate care of that pupil will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

## Appendix 6: Intimate Care Plan

<b>PARENTS/CARERS</b>	
Name of Pupil	
Date of Birth	
Address and Contact Details of Parent/Carer	
Type of Intimate Care Needed	
Outline of specific procedures which will be required and how they should be carried out	
How often care should be given	
Where care will take place	
What resources and equipment will be used and who will provide them	
How procedures will differ if taking place on a school offsite visit	
Any other relevant information (e.g. rewards, attitude to be taken, access to toilet, equipment needed)	
<b><u>Consent</u></b> I give permission for the school to provide appropriate intimate care to my pupil (e.g. changing soiled clothing, washing and toileting)	
I will provide the school with adequate resources at least one week in advance (e.g. pull ups, nappies, clothing) replenishing regularly	
I will advise the school of anything that may impact my child's personal care (medication changes or infections)	
I understand the procedures that will be carried out as outlined above and I will contact the school immediately if there are any concerns	
Name of Parent/Carer	
Relationship to Pupil	
Signature of Parent/Carer	
Date	
Next Review Date	

<b>PUPIL NAME:</b>	
How many members of staff would you like to help?	
Do you mind having a chat when you are being washed or changed?	
What I can do already (what I do not need help with)	
What I would like you to help me with	
What I will try to do (what I would like help with if I ask for it)	
What I would like to achieve in the future if I can	
What else I would like you to know when helping me	
Pupil Agreement/Signature	
Date	