

# Supporting students at school with medical conditions policy (including intimate care)

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**Accepted by:** Board of Directors June 2014  
**Leadership Team Lead Reviewer:** School Manager  
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## Statement of intent

The governing body of Hurworth School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Hurworth School believes it is important that parents/carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

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## **Legislative framework**

This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Supporting students at school with medical conditions'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfEE (2000) 'First aid in schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy has due regard to the following school policies:

- SEND policy
- Drug Education policy
- Complaints procedure
- Admissions Policy
- Supporting students with additional health needs policy
- Allergen and Anaphylaxis Policy (tbc)

The role of the governing body

### **The governing body:**

- Is legally responsible for fulfilling its statutory duties under legislation
- Ensures that arrangements are in place to support students with medical conditions
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education

- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs
- Instils confidence in parents/carers and students in the school's ability to provide effective support
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- Ensures that no prospective student is denied admission to the school because arrangements for their medical condition have not been made
- Ensures that students' health is not put at unnecessary risk. As a result, it holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease
- Ensures that policies, plans, procedures and systems are properly and effectively implemented

The Head Teacher holds overall responsibility for implementation of this policy.

#### **The role of the Head Teacher:**

- Ensures that this policy is effectively implemented with stakeholders
- Ensures that all staff are aware of this policy and understand their role in its implementation
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported
- Has overall responsibility for the development of IHC plans
- Ensures that staff are appropriately insured and aware of the insurance arrangements
- Contacts the school nursing service where a student with a medical condition requires support that has not yet been identified

#### **The role of parents/carers:**

- Notify the school if their child has a medical condition
- Provide the school with sufficient and up-to-date information about their child's medical needs
- Are involved in the development and review of their child's IHC plan
- Carry out any agreed actions contained in the IHC plan
- Ensure that they, or another nominated adult, are contactable at all times

#### **The role of students:**

- Are fully involved in discussions about their medical support needs
- Contribute to the development of their IHC plan
- Are sensitive to the needs of students with medical conditions

#### **The role of school staff:**

- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so
- Take into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help

#### **The role of the School Nurse:**

- At the earliest opportunity, notifies the school when a student has been identified as having a medical condition which requires support in school
- Supports staff to implement IHC plans and provides advice and training
- Liaises with lead clinicians locally on appropriate support for students with medical conditions

#### **The role of clinical commissioning groups (CCGs):**

- Ensure that commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions
- Make joint commissioning arrangements for education, health and care provision for students with SEND
- Are responsive to LAs and schools looking to improve links between health services and schools
- Provide clinical support for students who have long-term conditions and disabilities
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students

#### **The role of other healthcare professionals including GPs and paediatricians:**

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school
- Provide advice on developing IHC plans
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy

#### **The role of providers of health services:**

- Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training

#### **The role of the LA:**

- Commissions school nurses for local schools
- Promotes co-operation between relevant partners
- Makes joint commissioning arrangements for education, health and care provision for students with SEND

- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered
- Works with the school to ensure that students with medical conditions can attend school full-time
- Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school – see supporting students with additional health needs policy

#### **The role of Ofsted:**

- Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions
- Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social and cultural development

#### **Admissions**

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

#### **Notification procedure**

When the school is notified that a student has a medical condition that requires support in school, the school nurse informs the Head Teacher. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the necessity of an IHC plan (see Appendix A).

The school does not wait for a formal diagnosis before providing support to students. Where a student's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Head Teacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a student starting at the school in a September intake, arrangements are in place prior to their introduction and informed by their previous school.

Where a student joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible.

#### **Staff training and support**

Any staff member providing support to a student with medical conditions receives suitable training.

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Training needs are assessed by the school through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

The School Nurse or other medical professional provides awareness training sessions for staff regarding conditions and how to administer the relevant medication.

A first-aid certificate does not constitute appropriate training for supporting students with medical conditions.

Whole school awareness training is carried out on an annual basis for all staff and is included in the induction of new staff members. Where new training is required, this will be done as soon as possible.

The School Nurse/School Manager/SENCo identifies suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing body will provide details of further continuing professional development opportunities for staff regarding supporting students with medical conditions.

## **Self-management**

Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.

Where possible and if appropriate, students are allowed to carry their own medicines and relevant devices.

Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily such as the first aid room and PE office.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Discipline (Personal Development, Behaviour and Welfare) Policy and/or Drug Education Policy.

## **Supply teachers and staff absence are:**

- Provided access to this policy.

- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## **Risk Assessments**

Risk assessments are carried out by the nominated school staff, prior to students returning to school with any condition which may require support in the form of a risk assessment and before any out-of-school visits and medical conditions are considered during this process. Factors to be considered include, how all students will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

## **Individual healthcare (IHC) plans**

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a student, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Head Teacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the student is also involved in the process.

IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues
- The support needed for the student's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the student's condition and the support required
- Arrangements for obtaining written permission from parents/carers and the Head Teacher for medicine to be administered by school staff or self-administered by the student
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a student has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.

IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.



IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a student has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHC plan.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

## **Managing medicines**

Medicines are only administered at school when it would be detrimental to a student's health or school attendance not to do so.

Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the student to involve their parents/carers, while respecting their right to confidentially.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so
- When instructed by a medical professional

No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed who holds the key to the relevant storage facility.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

The school holds asthma inhalers for emergency use. The inhalers are stored in the first aid room and their use is recorded. The school held inhaler can be used when a student's prescribed medical inhaler is not available, provided we have received written consent from the parent/carer. The school will seek consent from any parent/carer of a child with asthma on an annual basis or

when newly diagnosed. (see Appendix H)

Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## **Nut allergies**

We have a duty of care to all students, we will work together to minimise the risks to students by asking parents not to send in items in packed lunches marked 'does contain nuts' or 'contains peanuts'; lunchtime staff will be alert to obvious signs of nuts being brought into school and any nut/nut products found to be brought into school, will be bagged up and returned. If the student who has brought in nuts/nut products will be asked to wash his/her hands after eating (foods not permitted include: packs of nuts, peanut butter sandwiches, Nutella, chocolate bars containing nuts and cakes with nuts in them).

Airborne allergic reactions are very rare. Usually, a person has to ingest or directly come into contact with the protein (usually found in peanuts) in order to suffer an allergic reaction. It is not possible to ensure that Hurworth School is 100% not free but we will strive to reduce risks as much as we can by working with parents, students and staff to manage and reduce the risks of allergic reactions to nuts, through:

- Transferring medication, alongside the students/with allergies, to and from shared eating areas
- Not permitting the sharing of food from packed lunches
- Bagging up and returning items found in packed lunches that 'contain nuts' or 'contain peanuts'
- Encouraging students to wash their hands after consuming food
- Working with parents, students and staff to manage and reduce the risks of allergic reactions to nuts

## **Allergens, Anaphylaxis and Adrenaline auto-injectors (AAIs)**

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The Head Teacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law. Further information relating to how the school operates in line with Natasha's Law can be found in the Canteen Policy.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist students with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with this and the school's Allergen and Anaphylaxis Policy. Where a student has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the students who have been prescribed an AAI to use in the event of anaphylaxis. All staff are made aware of students who have AAI's and know where to find this information in the event of an allergic reaction and this will be checked as part of initiating the emergency response.

Students who have been prescribed AAI devices are able to keep their device in their possession and a spare AAI will also be available in school.

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In the event of anaphylaxis, a designated member of staff will be contacted, where there is any delay in contacting a designated member of staff or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated member of staff with administering AAIs, such as where the student needs restraining.

Spare AAI for use in the event of an emergency will be checked monthly to ensure that it remains in date and will be replaced when the expiry date approaches.

Where a student's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a student does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the student's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the student's or the school's device.

Where any AAI are used, the following information will be recorded on the AAI record

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, students at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

### **Record keeping**

Written records are kept of all medicines administered to children.

Proper record keeping protects both staff and students, and provides evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found in Appendix C and Appendix D of this policy.

### **Emergency procedures**

Medical emergencies are dealt with under the school's emergency procedures.

Where an IHC plan is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Students are informed in general terms of what to do in an emergency, such as telling a teacher.

If a student needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.

When transporting students with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

### **Incident Co-ordinator**

Where there is a serious Medical or First Aid situation, an Incident Co-ordinator will be called to assist. The Incident Co-ordinator will make contact with the emergency services, complete the Incident co-ordinator proforma, contact parents and liaise with other staff to ensure that the areas is clear of students, staff and visitors as appropriate and complete a Post Accident/Injury Review.

### **Day trips, residential visits and sporting activities**

Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition

to a risk assessment, advice is sought from students, parents/carers and relevant medical professionals. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

### **Unacceptable practice**

The school will never:

- Assume that students with the same condition require the same treatment
- Prevent students from easily accessing their inhalers and medication
- Ignore the views of the student and/or their parents/carers
- Ignore medical evidence or opinion
- Send students home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs
- Create barriers to children participating in school life, including school trips
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition

### **Liability and indemnity**

The governing body ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.

The school holds an insurance policy covering liability relating to the administration of medication. The policy has the following requirements:

- All staff must have undertaken appropriate training

The school holds an insurance policy covering healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training

All staff providing such support are provided access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

### **Complaints**

Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and students are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Home-to-school transport**

Arranging home-to-school transport for students with medical conditions is the responsibility of the LA.

Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for students with life-threatening conditions.

### **Defibrillators**

The school has an automated external defibrillator (AED).

The AED is stored in the main office and is accessible at all times.

All staff members are aware of the AED's location and what to do in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Maintenance checks will be undertaken on AEDs on a weekly basis by staff, with a record of all checks and maintenance work being kept up-to-date.

**Individual Health Care Plan ~****Flowchart**

Parent or health care professional informs the school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Head Teacher or delegated member of school staff, co-ordinated a meeting to discuss child's medical support needs; and identifies member of school staff who will provide support for child



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant health care professional and other medical/health clinician as appropriate. (Written evidence may be provide by them



Develop IHCP in partnership – agree who leads on writing it, input from health care professional must be provided where appropriate. Parents agreed and signed



School training needs identified



Health Care Professional commissions/delivers training and staff signed off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes, Parents or health care professional to initiate


**INDIVIDUAL HEALTHCARE PLAN**

Name	
Date of Birth	
Address	
Name of Parent/Carer	
Contact Telephone Number	
Emergency Contact Name	
Telephone number if different from above	
Doctor's Name	
School Doctor (if applicable)	
School Nurse	School Nurse, 0-19 Healthy Child Service Harrogate and District NHS Foundation Trust, The Beehive, Darlington. DL1 1YN. Tel: 0300 0030 013
Any other personnel involved i.e. physiotherapist	

**Nature of medical difficulty:**



**How is the student affected:** Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

**Treatment required in school:** Describe what you require us to do, administer medication, dosage, please give us as much information as possible to allow us to support you and your child

**Emergency Procedures:** 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*)

**Specific Support for educational, social and emotional needs:**

**(How will absences be managed, exam requirements,**

**Named member of staff to offer support:**

**(Include cover support if member of staff not available)**

**Mrs Hall - School Manager**

**Other arrangements for School trips or other activities outside of the normal timetable:**

**Where the medication will be stored and who will have access**

All medication is stored in the first aid room in the main office, where necessary students will keep their own medication with them

**This care plan will be reviewed as and when further medical information is received or there is a change to the student's condition.**

I confirm that the information given on this individual health care plan is correct and authorise Hurworth School to administer medication in accordance with the instructions detailed above. **It is the parent's responsibility to inform the named person with responsibility for your child's care of any changes in medication or treatment required whilst in school or on any educational visit. Please ensure all changes are communicated to school as soon as information is received.**

I confirm that a weekly supply of medication will be handed into school; by myself or another nominated adult and that any surplus medication will be collected on a weekly basis. I authorise Hurworth School to destroy any medication not collected.

Signature of parent/carer \_\_\_\_\_

Accepted by \_\_\_\_\_  
(on behalf of Hurworth School)

Date of review \_\_\_\_\_



### Administration of Medication in Educational Establishments and Offsite Activities

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I request that my child be given the following medication which has been prescribed by a **registered medical practitioner**:

Medical Condition:	
Name of Medicine:	
Dosages:	
Expiry Date:	
Methods of administering medicine:	
At the following times during the day:	
Other instructions:	
Any side effects that the school needs to know about:	
Self-administration – Y/N:	
NB: Medications must be in the original container as dispensed by the pharmacy	

I understand that the medicines must be delivered personally by me to Hurworth School and this is a service which is subject to agreement with Hurworth School.

The above information is accurate at the time of writing and I give consent to staff to administer this medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signed (Parent/Carer):	
Print Name:	
Date:	
Address:	

#### Notes:

- The establishment will not administer medication unless this authorisation is completed and signed by the parent/guardian of the child.





**Staff Training Record Sheet**

Type of Training:	
Date of Training:	
Training provided by:	
Profession and title:	

Trainer's signature \_\_\_\_\_ Date \_\_\_\_\_

Attended by


Continue on separate sheet if required



### Emergency Services Contact Pro-forma (School premises)

Telephone Number:	01325 720424
Address: (include postcode)	Hurworth School Croft Road Hurworth Darlington DL2 2JG
Your Name:	
Location : (Give details of location i.e. sports field)	
Name of injured person:	
Date of birth of injured person:	
Nature of emergency: (Give as much detail as you can)	
Entrance : Give details of best entrance to use and state that the crew will be met and taken to the patient	
Date and time of emergency call:	

Appendix G

Model letter to parents

Date

Dear Parent

## **DEVELOPING AN INDIVIDUAL HEALTH CARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual health care plan to be prepared, setting out what support each student needs and how this will be provided. Individual health care plans are developed in partnership between the school, parents, students and the relevant health care professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual health care plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve (the following people – insert names). Please let us know if you would like us to invite another medical practitioner, health care professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual health care plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or another member of staff involved in the plan development or student support) would be happy for you to contact me (them) by email or to speak by phone if this would be helpful.

Yours sincerely

Name

Model letter to parents

Date

Dear Parent/Carer

### **Emergency Asthma Inhaler**

Schools have been able to buy salbutamol inhalers for emergency use in the treatment of students with asthma in school since the law changed recently. The school held inhaler can be used if a student's prescribed inhaler is not available.

The Department of Health guidance says *'The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication'*.

If your son or daughter has been diagnosed by a medical practitioner as having asthma and is being treated on an on-going basis, please complete the attached consent form below and return it to the Main Office.

If you require any further information or clarification, please do not hesitate to contact me.

Yours sincerely

Maria Hall  
School Manager



## Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

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

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's address and contact details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date

Dear

**Adrenaline auto-injections in School**

As of 1<sup>st</sup> October 2017, new guidance from the Department of Health – ‘Guidance on the use of Adrenaline auto-injectors in School’ – states that schools are allowed to keep spare AAIs for emergency use on students who have been assessed as being at risk of a severe allergic reaction (anaphylaxis).

Schools may need to administer emergency AAIs if a student does not have their medication on them, if the prescribed AAI is out of date, or if it is not working.

We intend to purchase and keep spare a Jext and Epi-pen in school for this purpose, if you consent to your child using the emergency AAI, please complete the attached pro-forma.

Yours sincerely

Maria Hall  
School Manager

## Emergency adrenaline auto-injector (AAI) consent form

As of 1 October 2017, new guidance from the Department of Health – ‘Guidance on the use of adrenaline auto-injectors in schools’ – states that schools are allowed to keep spare AAI’s for emergency use on students who have been assessed as being at risk of a severe allergic reaction (anaphylaxis).

Schools may need to administer emergency AAI’s if a student does not have their medication on them, if the prescribed AAI is out of date, or if it is not working.

Examples of AAI’s we store in school include **EpiPen and Jext**. Please ensure your child can be administered these AAI’s before completing this consent form.

**Hurworth School will not administer emergency AAI’s unless you complete and return this form.**

---

I can confirm:

1. My child has been assessed by a medical professional as being at risk of anaphylaxis.
2. I consent to my child being administered an emergency AAI if my child does not have an AAI with them, if theirs is out of date, or it is not working.
3. I understand that, in the event of a severe allergic reaction where an AAI needs to be administered as soon as possible, a trained first-aider may not be available to administer the medication. In this instance, the nearest member of staff with access to an AAI is able to administer the medication.
4. In the event that my child is administered an AAI, I will be notified as soon as it is possible.
5. I understand that any medication administered to my child is in line with Hurworth School’s Administering Medication Policy, Supporting Students with Medical Conditions Policy.
6. I understand I am able to withdraw my consent at any time.

Signed:	Date:
---------	-------

Name of parent:	
Mobile phone number:	Home phone number:
Child’s name:	Child’s year group:


Appendix I

Record of Adrenaline auto-injections (AAI) Administered

Date \_\_\_\_\_

Child's name \_\_\_\_\_

Time	Name of medicine	Dose given	Any reactions?

Additional information:

Signature of Staff \_\_\_\_\_

Print name \_\_\_\_\_

Signature of Staff \_\_\_\_\_

Print name \_\_\_\_\_





## **Intimate Care**

### **Hurworth School**

This policy represents the agreed principles for intimate care throughout the school.

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

Staff who work with young children or children/young people\* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as any care which involves washing, touching or carrying out procedure to intimate personal areas which most people usually carry out themselves but some students 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. It also includes supervision of students involved in intimate self-care.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Hurworth School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Hurworth School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Hurworth School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

## **HURWORTH SCHOOL ~ APPROACH TO BEST PRACTICE**

### **Medical procedures (See medication policy and individual health care plans)**

All children who require intimate care will have a care plan drawn up with consultation with parent/carer, child, health professional and school staff.

All staff will be made aware of the procedures to be followed in respect of the child's care plan.

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult, unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.



## **Medical Procedures**

Students 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.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with DfE 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.

Massage is now commonly used with students who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

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 students.

Any adult undertaking massage for students must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

## **THE PROTECTION OF CHILDREN**

All Child Protection Procedures will be accessible to staff and adhered to. All staff carrying out Intimate Care responsibilities have received appropriate Child protection training.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to social care if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. (see Child Protection Policy).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures)

*\* where 'children' are mentioned in this document, the term will also include young people.*