Cabot Learning Federation

CLF Supporting Pupils with Medical Conditions, Incorporating Health Care and Needs

Date Adopted: March 2020, Cabot Learning Federation
Implementation Date: March 2020
Date reviewed: March 2024
Next review date: March 2026

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History of Most Recent Significant Policy Changes

Date	Page	Change	Origin of Change e.g. TU request, Change in legislation
Date	E.g. Whole Document	Detail of change	Reason for change
Feb 20	Whole Document	Policy creation	
Feb 2022	Whole Document	Changed Policy Sequencing	NA
Feb 2022	1.5	Process for supporting pregnant pupils will medications	Equality
Feb 2022	1.6	Consideration for parental wishes not to administer medications	Equality
Feb 2022	5.9.2	Statutory time frame to make arrangements when a child may be away from school	Statutory
Feb 2022	6	Date Protection requirements	Statutory
Feb 2022	8.1b	If parental meeting set up, consider further needs/ adjustment	Equality
Feb 2022	Annex B	Useful resources	Further information
Feb 2024	Merged two separate policies	Supporting Students with medical condition and Toileting and Intimate care Policy	Request from Governance Team
Feb 2024	2	Included the aim of the policy to include supporting physical and mental health needs	DFE Policy Document
Feb 2024	5.4 and 5.5	Inclusion of related legislation as Outlined in the SEND Code of practice and also the Early years framework.	DFE Policy document references this legislation
Feb 2024	5.6	Wider explanation of Health care professional responsibilities	DFE Policy document references this
Feb 2024	7	Clarification around administration of non-prescribed medication	Best practice
Feb 2024	18.3	Clearer staff understanding of what constitutes and emergency, especially when on an academy trip	Best practice /statutory requirement
Feb 2024	Annex A	Inclusion of model templates for use	DFE Policy document example templates
Toileting and Intimate Care			

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01.04.19	Whole Document	Implementation of template CLF policy	Implement a federation wide policy
1.3.21	Whole document	Updated for Covid risk assessment. Adopted by XXX Academy	Pandemic response and changes linked to other guidance
26.2.23	Whole document	Review with minor changes Adopted by XXX Academy	Full review and full EQIA required – 2023- in line with CLF SEND Policy development and further EYFS documentation for trust.
Feb 2024	Throughout Document	Removed specific reference to COVID	Statutory requirement lifted

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1 Policy Statement

1.1 The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

1.2 The Academy will ensure that arrangements are in place to support pupils with medical conditions to enable them to access and enjoy the same opportunities at school as any other child. The focus will be on the needs of each individual child and how their medical condition impacts on their academy life. The policy aims to provide clear guidance and procedures to staff and parents.

1.3 The overall responsibility for ensuring the policy is implemented effectively is held by Kay Sarpong (Principal), working with trained First Aid staff who have completed appropriate training to administer medication with the approval of health professionals and consent from parents / carers with responsibility.

1.4 The Academy will work together with parents, pupils, local authorities, health professionals such as specialist nurses and other support services to ensure that children with medical needs receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at academy in combination with alternative provision. Consideration will be given to how children will be reintegrated back into the academy after periods of absence.

1.5 No child with a medical condition will be denied admission or prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at academy at times where it would be detrimental to the health of that child or to others.

1.6 Students who are pregnant and require support with medications have an individual mother's risk assessment, this will be updated to reflect any requests for support after consultation with parents.

1.7 The Academy will work with parents where it has been brought to their attention that parents do not wish their child to be given medications, and individual assessments drawn up.

2 Equalities Impact Assessment

An equalities impact assessment has been carried out. The assessment concluded that there was potential adverse impact identified for some groups of people with protected characteristics and mitigations are in place to reduce that impact. The equalities impact assessment report can be obtained from Jo Crickson.

3 Reference to Other Relevant Policies

This policy should be read alongside.

- Academy Health & Safety Policy
- SEND policy.

4 Legislation

4.1 Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units to make arrangements for supporting pupils at their academy with medical conditions.

4.2 Generally, the **Health and Safety at Work etc. Act 1974**, and associated legislation, requires that organisations ensure the health and safety of persons at work and persons affected by their work. Pupils attending schools fall under this general legal requirement as they are affected by the work of the school whilst staff act in loco parentis, so are expected to do what a reasonable parent would do in given situations.

4.3 Additionally, **the Equality Act 2010** legally protects people from discrimination in the workplace and in wider society. There is specific non-statutory advice 'the Equality Act 2010 and Schools' produced by the Department for Education to help schools to understand how the Equality Act affects them and how to fulfil their duties under the Act.

4.4 Guidance on the special educational needs and disability (SEND) system for children and young people aged 0 to 25, as detailed in the **SEND Code of Practice**.

4.5 Statutory framework for the Early Years Foundation as amended Jan 2024.

5 Roles and Responsibilities

5.1 The roles and responsibilities set out below is not an exhaustive list and academies may want to add a wider range of people to their policy.

5.2 Academy Council

- Must make arrangements to support pupils with medical conditions in academy, including making sure that a policy for supporting pupils with medical conditions and toileting and intimate care is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they can take on responsibility to support children with medical needs.

5.3 Principal

- Ensure that their academy's policy for supporting pupils with medical conditions and toileting and intimate care is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders, supply teachers, lunch break supervisors) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- It is required that each academy must have sufficient trained staff to administer medications for all hours of the academy day including pre and post academy clubs. The training the CLF recognise is the Managing Medications course. There may be further training required for individuals on a case-by-case basis i.e. Diabetes, Auto-injectors for anaphylaxis etc.

- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements (this may involve recruiting a member of staff for this purpose).
- Ensure that academy staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure that the academy nursing service is aware of children with medical conditions.

5.4 **Academy Staff**

- The staff identified as co-ordinator(s) for monitoring the provision of support to pupils with medical conditions are **Bea Payne**, **Kelis Cornock**, and **Clare Bridgman**.
- Any member of staff may be asked to provide support to pupils with medical conditions, including administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.5 **School Nurses**

- Responsible for notifying the academy when a child has been identified as having a medical condition which will require support in the academy.
- May support staff on implementing IHCPs, providing advice and training.
- Can liaise with lead clinicians locally on support for the child and associated staff training needs.

5.6 **Healthcare Professionals (GPs etc.,)**

- Notify school nurse when a child has been identified as having a medical condition that will require support at academy.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.

5.7 **Pupils**

- Should be fully involved in discussions about their medical support needs and contribute to, and comply with, the development of their IHCP.
- Other pupils to be encouraged to be sensitive to the needs of those with medical conditions.

5.8 **Parents**

- Provide the academy with sufficient and up to date information about their child's medical needs.
- As key partners should be involved in the development and review of their child's IHCP and may be involved in its drafting.

- Carry out any action they have agreed to as part of the IHCP implementation (this will include ensuring equipment/medications are taken into academy).
- Attempt to manage the medication doses so that medications do not need to be taken during the academy day.

5.9 **Local Authorities**

5.9.1 Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training, and recreation.

5.9.2 **As Such They Should:**

- Provide support, advice, and guidance, including suitable training for academy staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Make other arrangements where a Pupil would not receive a suitable education in a mainstream school because of their health needs. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

6 Data Protection Implications

6.1 All records to support the request for supporting students with medical needs is confidential and should be stored securely in a lockable cabinet / cupboard.

6.2 Only limited and applicable staff should have access to the cupboard with strict key control in place.

6.3 Any records held digitally should be secure with restricted access.

7 Non-prescribed medicines may be administered under the following circumstances:

7.1 Must have parental / carer consent.

7.2 A record of medications dosage given.

7.3 Check of maximum dose and when previous dose was last taken.

7.4 The container is clearly labelled with the pupil's name. The exception to this is the Academy may hold a bottle of Calpol or paracetamol tablets to be able to support a student with mild pain or discomfort with parental consent, and in line with other recording arrangements in place as normal practice. The parent must be informed of the age range of the Calpol Infant / 6+) and sign to state they are happy on exception for this to be administered, a phone call be made first at time of administration to double check and for awareness.

7.5 Calpol and paracetamol, are for short term use only.

7.6 Administered for an agreed length of time, after which the medication will be returned to the parents.

8 Short Term Medical Needs

8.1 Many pupils will need to take medication (or be given it) during the academy day at some time. Mostly, this will be for a short period only, to finish a course of antibiotics or apply a lotion. To support pupils with this will undoubtedly minimise the time they need to be absent from the academy. Medication should only be taken in academy when absolutely necessary.

8.2 It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside academy hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

9 Procedures

9.1 The following procedures are to be followed when notification is received that a pupil has a medical condition.

a) A parent or a health care professional informs the academy that:

- A child has been newly diagnosed, or;
- Is due to attend a new school, or;
- Is due to return to school after a long-term absence or
- Has medical needs that have changed.
- Are taking short term medications.

b) Where applicable, the **SENDCo** co-ordinates a meeting to discuss the child's medical support needs and identifies the member of staff who will provide support to the child.

c) A meeting to be held to discuss and agree on the need for an individual health care plan (IHCP). The meeting will include the key academy staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

d) An IHCP will be developed in partnership and the meeting will determine who will take the lead in writing it. Input from a healthcare professional must be provided.

9.2 Some children may have special educational needs (SEN) and may have a statement, or Education, Health, and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Where this is the case the IHCP should be linked to or become part of that statement or EHC plan.

9.3 Where a child has Special Educational Needs but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

9.4 The Academy will identify members of staff to support with the standard administration of medications, and awareness of procedures and paperwork/record keeping. The academy will arrange for these staff to attend managing medications training. Where

there is a specific staff training need to support pupils with complex medical needs this will be identified by the specialist nursing team with a sufficient number of staff trained to ensure cover for sickness periods or staff turnover.

A first aid certificate does not constitute appropriate training to support pupils with medical conditions.

9.5 Healthcare professionals commission, or delivers appropriate training and staff are signed off as competent. A review date for training will be agreed.

9.6 The IHCP will be implemented and circulated to all relevant staff. Supply staff will be informed that an IHCP is in place.

9.7 The IHCP will be monitored and reviewed annually or when the medical condition changes. The parent or healthcare professional may initiate the review.

9.8 For children starting at a new academy, arrangements should be in place in time for the start of the relevant academy term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

10 Individual Healthcare Plans

10.1 Not all pupils with medical needs will require an IHCP. The academy, together with the healthcare professional and parent will agree, based on evidence, whether a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the principal will take the final view.

11 The Following Will be Considered When Deciding What Information Will Be Recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms, and treatment.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency, and cover arrangements for when they are unavailable.
- Who in the academy needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the principal for medication to be administered by a member of staff or self-administered by the pupil during academy hours.
- Separate arrangements or procedures required for academy trips or other academy activities outside of normal academy timetable that will ensure the child can participate e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What constitutes an emergency and what to do, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

12 Staff Training and Support

12.1 Any member of staff providing support to a pupil with medical needs should have received suitable training. Where staff already have some knowledge of specific support needed by a child extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

12.2 The relevant healthcare professional should normally lead on identifying the type and level of training required, and how this can be achieved.

12.3 Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

12.4 Staff MUST NOT give prescription medicines under healthcare procedures without appropriate training (updated to reflect any IHCPs). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, CLF require all staff who administer medications to undertake managing medications training, and to have specific training to support with specific medical needs, e.g. Diabetes, asthma, anaphylaxis and other more complex needs, having taken into consideration the training requirements as specified in pupils' IHCPs.

12.5 Health care professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

12.6 All staff to receive awareness training of the academy's policy for supporting pupils with medical conditions and their role in implementing that policy. This will also form part of staff induction training.

13 Child's Role in Managing Their Own Medical Needs

13.1 Following discussions with parents, and where a child is deemed competent to manage their own health needs and medicines, this should be encouraged and reflected within IHCPs.

13.2 If a child refuses to take medicine or carry out necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered, and a record should be kept.

14 Managing Medicines on Academy Premises

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

14.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.

14.3 Non-prescribed medicines may be administered under the following circumstances:

- Must have parental/carer consent.
- A record of medications dosage given.

- Check of maximum dose and when previous dose was last taken.
- The container is clearly labelled with the pupil's name.
- Exception to this is the Academy may hold a bottle of Calpol or paracetamol tablets to be able to support a student with mild pain or discomfort with parental consent, and in line with other recording arrangements in place as normal practice. The parent must be informed of the age range of the Calpol Infant/ 6+) and sign to state they are happy on exception for this to be administered, a phone call be made first at time of administration to double check and for awareness.
- Calpol and paracetamol are for short-term use only.
- Administered for an agreed length of time, after which the medication will be returned to the parents.

14.4 No child under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

14.5 Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside academy hours.

14.6 The academy will only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist. This will include instruction for administration, dosage, and storage. Exceptions to this are over-the-counter medication where agreed protocols are agreed as above in point 2 and insulin which may be in a pen or pump, but it must still be in date.

14.7 All medicines held by the academy to be stored will be kept in a lockable cupboard/fridge inside a lockable room which in a location which is known and accessible to the child. Where relevant the child should know who holds the key to the storage facility. Medicines such as asthma inhalers must always be readily available to the child and not locked away. This is particularly important when outside the premises e.g. academy trips.

14.8 Whilst DFE allows, in some circumstances, pupils to carry controlled drugs prescribed to them, in The Sky Academy, controlled drugs that have been prescribed will be securely stored with only named staff having access. A record will be kept of any doses used and the amount of the controlled drug held in academy.

14.9 Trained academy staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

14.10 The academy will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Any side effects should also be recorded.

14.11 When no longer required, medicines should be returned to parents to arrange for safe disposal. Medicines should also be returned to parents during holiday periods.

15 Emergency Procedures

15.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and

procedures and where appropriate that other pupils know what to do if they think help is needed.

15.2 If a child is taken to hospital, a member of academy staff will stay with the child until the parent arrives.

16 Use of Emergency Asthma Inhalers and Auto-Injectors

16.1 From 1st October 2014, academies have been allowed to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. Academies are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The Brook Academy liaise with families where a child has an inhaler to decide whether it is needed in school or not) Where there is an agreement that an inhaler is kept in school, there is an agreement signed between The Brook Academy and the child's parents or carers about the safe use of the inhaler in school and where it will be kept with specific instructions to staff.

16.2 From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all Academies to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working (e.g. because it is broken, or out-of-date).

16.3 The academy's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

16.4 The academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

17 Defibrillators

17.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The Brook Academy has a defibrillator which is held in the reception area. Bea Payne, Sally Mason, and Sara Yuen are trained in its use.

18 Home To School Transport

18.1 This is the responsibility of the local authority. The academy will work with the local authority who may find it helpful to be aware of a pupil's IHCP and what it contains, especially in respect of emergency situations.

19 Day Trips, Residential Visits and Sporting Activities

19.1 The academy will actively support pupils with medical conditions to enable them to participate in academy trips and visits or in sporting activities, and not prevent them from doing so.

19.2 The academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safety on academy trips and visits. It is best practice to include this as part of the activity risk assessment to ensure that pupils with medical conditions are included.

19.3 All staff attending the trip will be aware of what constitutes and emergency and the procedures to follow.

20 Unacceptable Practice

20.1 The following is regarded by the academy as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication and administering when necessary.
- Assuming that every child with the same condition requires the same treatment.
- Ignoring the views of the child, their parents, medical evidence or opinion.
- Sending children with medical condition home frequently or preventing them from staying for normal academy activities.
- If a child becomes ill, sending them to the academy office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition.
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively.
- Requiring parents to attend site to administer medication or provide medical support to their child. No parent should have to give up working because the academy is failing to support their child's medical needs; or
- Preventing children from participating, or create unnecessary barriers to children participating, in any aspect of academy life, including academy trips, e.g. by requiring parents to accompany the child.

21 Liability and Indemnity

21.1 The CLF fully indemnifies staff who administer medication providing they are acting within the scope of their employment, have been provided with adequate training, and are following the CLF policy / guidance for the purpose of indemnity.

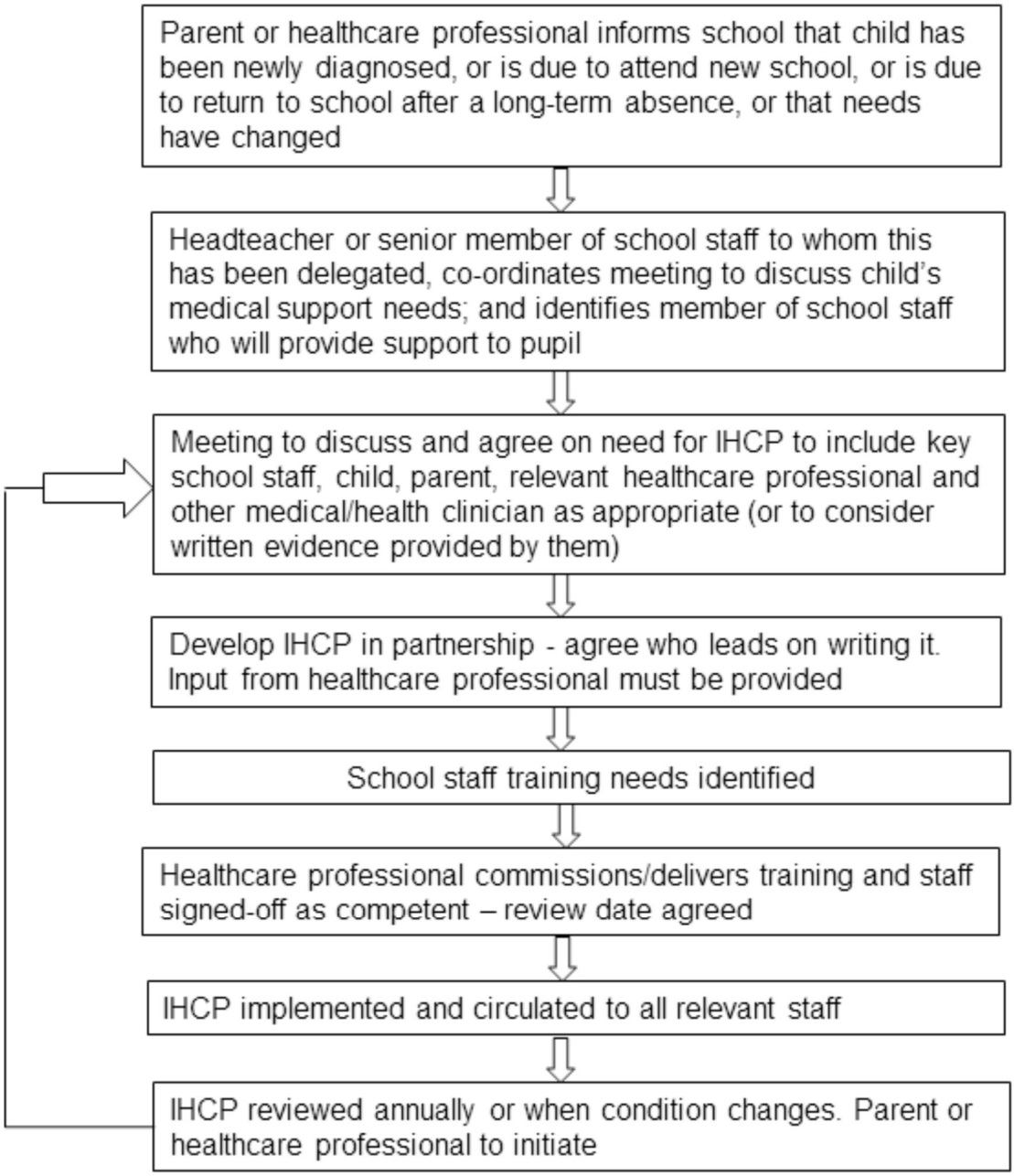
The Brook Academy are insured through Zurich (Policy Number: KSC2421159853).

22 Complaints

22.1 If parents or pupils are dissatisfied with the support provided by the academy to pupils with medical conditions, they should discuss their concerns directly with the academy. If the issue remains unresolved, they may make a formal complaint via the academy's complaint procedure.

Please see the school website for the Complaints Policy and procedure.

Annex A: Model Process for Developing Individual Healthcare Plans.



The link below links to the DFE Template for:

- **Health Care Plan**
- **Parental consent**
- **Record of medication given**
- **Training records**
- **Model letter inviting parents/carers to contribute to a health care plan**

(**DfE Templates**)

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Annex B: Useful Resources

https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis

https://www.anaphylaxis.org.uk/what-is-anaphylaxis/

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

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Toileting and Intimate Care Policy

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Equalities Impact Screening

Policy Equality Impact Screening (to be incorporated into template policies and added to any policy being reviewed or created going forward)

Toileting and Intimate Care Policy V3.0

Date of screening: 26.2.23						
Name of person completing screening: S. Weaver						
	Does this policy have the potential to impact on people in any of the identified groups?		What is the expected impact of this policy on any of the identified groups			Notes
	Yes	No	Positive	Neutral	Negative	
Age	✓		✓			Supports children joining EYFS during pandemic
Disability	✓		✓			Supports children with disabilities currently – in advance of trust SEND Policy – currently local Academy SEND Policies.
Gender Reassignment	✓			✓		
Race or Ethnicity	✓			✓		
Religion or Belief	✓			✓		
Marriage	✓			✓		
Pregnancy/ Maternity	✓			✓		
Sex	✓			✓		
Sexual Orientation	✓			✓		
Carers / in-care	✓			✓		
Should the policy have a Full Equalities Impact Assessment? No – due to this element of this policy forming part of the CLF SEND Policy which will be drafted as a new policy in 2023.						

1 Policy Statement

1.1 All children at The Brook Academy have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of learning and school life.

1.2 It is likely that children will be toilet trained before attending The Brook Academy, however, we are inclusive in our approach and will support children and families to make sure all children are able to participate in the Foundation Stage who may, for any reason, not yet be toilet trained and who may be wearing nappies or equivalent.

1.3 This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Health and Safety Policies, and must be read in conjunction with Dealing with Bodily Fluids guidance in Health and Safety manual under Infection Control.

1.4 This policy supports the safeguarding and welfare requirements of the Early Years Foundation Stage (EYFS) 2017 and the Equalities Act 2010: The Sky Academy will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities;
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence will be refused admission.
- Adjustments will be made for any child who has delayed incontinence.

2 Intimate Care Tasks

2.1 This covers any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

3 Partnership with Parents / Carers

3.1 The staff team at The Brook Academy works in partnership with parents/carers to provide care appropriate to the needs of the individual. Toilet training is seen as a self-care skill that children have the opportunity to learn with the full support of all adults involved. Parents will be supported by the school to work in partnership towards their child's toilet training unless there are medical or other developmental reasons why this may not be appropriate at the time. If children require regular changing, then a care plan will be created. The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented);

- Additional standard equipment may be required, and some equipment would be expected to be provided by parents/carers. This may include nappies, nappy sacks, spare clothes, and underwear.

- In addition, it may be that provision and support required may include provision for longer term medical needs such as a changing bed or a rise and fall table if applicable; specialist equipment will be sourced in partnership with colleagues in Health and SEND teams from the Local Authority.

- Maintenance of equipment, e.g. rise and fall bed, hoists to be inspected and maintained 6 monthly as per legal requirement.

- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions.

- Child's level of ability i.e. what tasks they are able to do by themselves.

- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care.

- Be regularly monitored and reviewed in accordance with the child's development.

4 Best Practice

4.1 When intimate care is given, the member of staff tells a member of their team that they are providing intimate care and where they will be doing this. The door to the changing area will be left open whilst protecting the privacy of the child.

4.2 The member of staff explains fully, to the child, each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they are successful in any aspect of self-care. Staff will not apply creams but will support the child to do it themselves if medically necessary.

4.3 All staff working in early years setting have a full DBS check, in line with all staff across the CLF.

4.4 Particular staff members will typically be identified to change a child with known toileting and intimate care needs. Staff will record the date and time when a child has been given intimate care and this will be shared with parents/carers.

5 Safeguarding

5.1 Staff are trained on the signs and symptoms of child abuse through annual Safeguarding training within the Cabot Learning Federation. If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc., they will inform the Designated Safeguarding Lead Officer (DSLO) immediately.

5.2 If a child makes an allegation against a member of staff, the principal must be informed immediately, and the procedure set out in the Safeguarding Policy will be followed.

6 Dealing With Body Fluids

6.1 Appropriate PPE will be used at all times, in line with guidance from Health and Safety teams. Urine, faeces, blood, and vomit will be cleaned up immediately and disposed of safely in the appropriate bins. Nappy bins will be available when a child is still wearing nappies. When dealing with body fluids, staff wear protective clothing, disposable plastic aprons and gloves and wash themselves thoroughly afterward. Soiled children's clothing will be bagged to go home– staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

6.2 All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

6.3 This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

Signed by: Kay Sarpong, Principal

Signed by ….....Chair of Academy Council

Date: ……

Review Date: ……