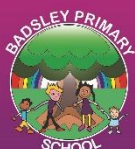


Badsley Primary School



Intimate Care and Managing Medicines Policy

Policy Date	May 2024	Review Date	May 2026
GB Responsible	Full GB	Written by	KM/ SS
Approved	Summer 1 meeting 2024 (14.06.24)	Website	Yes



Growing Together; Aiming High

1) **Principles**

This school takes very seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs and ensuring that medicine is administered appropriately are aspects of safeguarding.

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

The Governing Board is committed to ensuring that all staff responsible for the intimate care of pupils and administration of medicines will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

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

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

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

All staff undertaking intimate care are to be given appropriate training.

This policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children and the administration of medicine.

2) **Child focused principles of intimate care**

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

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

3) **Definition of Intimate Care**

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

It also includes supervision of pupils involved in intimate self-care.

4) **What we will do regarding intimate care**

Pupils who require **regular** assistance with intimate care have written health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan is **not** in place, parents/carers are informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through a home/school diary.

In relation to record keeping, a written record would be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (See form attached, Appendix 1)

These records will be kept in the class teacher's confidential file and available to parents/carers on request.

In FS2, more children may require assistance with toileting due to their age. A record will be kept of which children require toileting and they will be on a changing cycle for at least 2 points in the day based on the times that most adults are available to support; this will replace appendix 1. Changing times will be with the child's key adult and one member of staff from the FS2 team. In the event that a child requires changing outside of this time; staff will endeavour to do this at the earliest opportunity.

All pupils will be supported to achieve the highest level of choice and independence that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff follow best practice guidelines regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and

level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who provides intimate care. To protect staff and pupils, we have decided that personal care should be carried out by two members of staff rather than one person working alone.

If a child has an accident and is able to clean themselves up and change their clothes unaided, they will be provided with what they need and accompanied (if needed) to a suitable place by a single member of staff who will wait outside in case the pupil needs anything.

If a child has a toileting accident and needs to be changed but is unhappy with anyone in school doing this, school staff will phone the child's parents and ask them to come in and care for their child.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care will always be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines are adhered to regarding waste products.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to. From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead and/or Headteacher. A clear written record of the concern will be completed and a referral made to MASH, if appropriate, in accordance with the school's safeguarding and child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or SENCO. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Physiotherapy

Pupils who require physiotherapy whilst at school will have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique will be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist will observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

Pupils who with a disability 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 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 LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

8) Administration of medicines

Medicines are only given to pupils in school if it would be detrimental to a child's health or school attendance not to do so. When possible it will be suggested to parents that medicines are taken before and after school, if the dose frequencies allow for this.

No pupil will be given prescription or non-prescription medicines without parent/carer consent. When parents/carers bring in a medicine, they will be asked to fill in

and sign a medicine form (Appendix 2). This is then copied and one copy sent to class and the other copy kept in the school office.

If a child is brought to the office with minor symptoms that could be alleviated by Calpol, their parents/carers will be phoned and asked if this medicine can be administered from school stock to avoid the child having to be sent home ill. Calpol will never be given without the consent of parents and a discussion about whether this or any other medicine has already been given that day. Dosage instructions on the packaging will be followed for the age of the child.

No child should be given a medicine containing aspirin unless prescribed by a doctor.

We will only give children medicines that are in-date, clearly labelled with the child's name (apart from school stock of Calpol or school emergency inhaler), provided in the original container and with clear instructions about administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available in school in a pen or pump rather than its original container.

All medicines are stored safely. This will generally be in the school office (in the fridge if necessary) although things like inhalers for asthma, blood testing devices or an EpiPen are kept by the class teacher in the classroom for quick emergency access. If children are mature enough, they would be expected to look after their asthma inhaler themselves.

Controlled drugs are kept in secure storage in the school office. There are signing out procedures for medicines to be taken on school trips.

When any medicine is administered to a pupil (apart from an asthma inhaler), two members of staff will be present – one to deliver the medicine and the other to check the name, dosage etc. Both adults will then sign the form as a record (Appendix 3).

If a child has an asthma attack but does not have their reliever inhaler in school, a spare emergency salbutamol inhaler can be used. This should only be used if the child has been diagnosed with asthma and parents have given permission for them to use a reliever inhaler in school. See Appendix 4 for further information on treating an asthma attack.

When no longer required, medicines are returned to parents for safe disposal. A needle clipper is used to dispose of insulin sharps safely.

Parents will always be informed if their child is ill at school.

Appendix 1

Class:
Teacher:



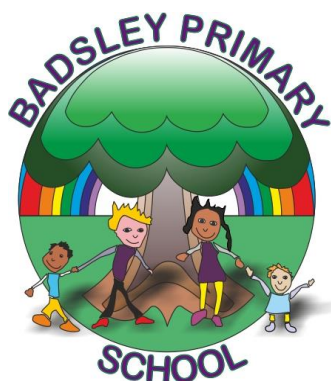
Intimate care record, e.g. Child who has been cleaned and/or changed by school staff after toileting accident

KEEP IN CLASS TEACHER'S CONFIDENTIAL ADDITIONAL NEEDS FILE

NB You do not need to record on this form if the child was able to change themselves in private and staff just provided clean clothes.

Date	Time	Pupil	Care provided & any relevant notes	Staff members present (should be min 2)	Parents informed (✓)

Appendix 2



MEDICATION RECORD

I wish my child _____ to use their medication during the school day.

Nature of Problem (please tick)

Asthma Hay Fever Other If other please give details below

Other _____

Please give details of all the medication that your child has to take whilst at school.

Name of Medication	When it should be given

In a medical emergency please contact:

Full name _____

Address _____

_____ Tel No _____

I will keep the teacher up to date with changes in my child's medical condition, changes in their medication or changes in dosage.

Signed _____ (Parent/Guardian) Date _____

Appendix 3



RECORD OF MEDICINES ADMINISTERED TO ALL CHILDREN

Date	Young person's name	Name of medicine	Time given	Signature of staff	Signature of witness

**WHAT TO DO IN THE EVENT OF AN
ASTHMA ATTACK**

Keep calm and reassure the child

Encourage the child to sit up and slightly forward

Use the child's own inhaler – if not available, use the emergency inhaler

Remain with the child while the inhaler and spacer are brought to them

Immediately help the child to take two separate puffs of salbutamol via the spacer

If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

From Dept of Health "Guidance on the use of emergency salbutamol inhalers in school"

- Oct 14