MALTMAN'S GREEN
SCHOOL

Medical Policy

This policy also applies to the EYFS

Related documents Safeguarding and Child Protection Policy and Procedures
Health and Safety Policy

Updated	Reviewed By	Review Date	Version
September 2023	H Armstrong	September 2024	2023.03

Contents

1 Introduction and Aims

This Policy outlines the School's responsibility to provide adequate First Aid to pupils, staff, parents and visitors and the procedures in place to meet this responsibility. It also sets out the arrangements the school can be expected to put in place for pupils with medical conditions who require regular medication (such as epipens and inhalers) and special care during their hours in school, including intimate care.

As such, this Policy has been written in view of the following legislation

- Health & Safety at Work Act 1974 and regulations made under the Act and non-statutory advice set out in Health & Safety Advice on Legal Duties and Powers (2014)
- Health & Safety (First Aid) Regulations 1981
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- School Premises (England) Regulations 2012
- The Equality Act 2010, Human Rights Act 1998 and School Standards and Framework Act 1998
- Supporting pupils at School with Medication Conditions (2017)
- The Schedule for the Independent School Standards Regulations 2014.

Furthermore, this Medical Policy outlines Maltman's Green School's approach to safeguarding the welfare of all staff, pupils and parents whilst in our care and has been written with due regard to the DfE's non-statutory guidance "First Aid in Schools, Early Years and Further Education" Feb 2022

A First Aid and Medical Needs Assessment is carried out annually. The findings of this Needs Assessment is taken into account and fed to into the review of the Medical Policy which is reviewed and updated on an annual basis.

When employed at Maltman's Green, a teacher agrees to do the best she/he can for each pupil and this includes looking after the personal well-being and monitoring the health of every child. In normal circumstances, if there are any concerns, Staff should refer pupils to Matron who will dispense the appropriate treatments. However, in an emergency, immediate life-saving action may need to be taken by a teacher, such as anaphylaxis or severe asthma.

Parents are advised that pupils who are unwell should NOT be sent to school. However, health professionals frequently advise that pupils should attend school whilst still needing to take medicine, either because they are suffering from some chronic illness or allergy (e.g. asthma), or because they are recovering from a short-term illness and are undergoing a course of treatment needing antibiotics. It is Matron's responsibility to administer medicine, in the Medical Room, and to liaise with parents. On joining the School all parents complete a Pupil Medical Record Form on My School Portal (MSP). This should be completed before the pupil's first day.

It is the responsibility of the parents to provide the School with any information regarding the health needs of their daughter. These medical records must be kept up to date, informing the School of any changes immediately. A reminder email will go out to parents at the start of each term.

The following guidelines are in place to ensure that the pupils at Maltman's Green are properly looked after should they become unwell, or require medication whilst in school. Parents are advised of the details below in the Parents' Handbooks, circulated annually.

2 Medical Room

The School has a Medical Room situated close to the Music Wing, with basic provision for children who become unwell during the course of the School day. All pupils are shown where this facility is to be found.

The School Matron is a Registered Nurse who has an active registration on the Nursing and Midwifery Council's Register.

Matron is on duty throughout the School day in the Medical Room to care for the children and their needs. In addition, all staff have basic first aid training. Many are also paediatric first aid qualified, and at least one member of staff is on site at all times with a Full Paediatric First Aid qualification throughout the school (this includes our EYFS setting). Likewise, at least one staff member with a Full Paediatric First Aid qualification, accompanies children throughout the school (including the EYFS) on school trips and outings. Additionally, a member of staff is also on site throughout the year with a First Aid at Work qualification, which covers First Aid for adults. An up to date list of qualified/trained first aiders can be found in Appendix 2.

- Pupils should be sent to Matron in the Medical Room if they become unwell or require medication.
- It is the duty of the parents to make arrangements for pupils who become unwell whilst at school, by collecting them to take them home. Matron will contact parents should she feel that a child would be better off at home, and inform the office.
- It is important that home contact numbers are updated regularly through the School office, in the event of Matron needing to make provision for a sick child.
- Most incidences can be dealt with on the spot, but a bed is available in the Medical Room should a child need to lie down, and her parents are not immediately available.
- Full reference is made to girls' medical notes and parental permission as supplied by parents before any treatment is administered.

From time-to-time children are sick (vomit), or have an episode of diarrhoea, either at home or at school. Unfortunately, it is not possible to distinguish between the causes, and therefore it is essential that the same rule of exclusion applies in all cases of vomiting or diarrhoea.

Diarrhoea and Vomiting

Diarrhoea and/or vomiting commonly affects children and staff and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person (by unwashed hands), especially in children. It is recommended that any child with diarrhoea and/or vomiting symptoms must stay away or be excluded from the school or early years setting until they have been free of symptoms for 48 hours and feel well.

If your child is sick or has diarrhoea at school, we will ask you or your emergency contact to take your child home. They should not return for 48 hours to the school premises (this includes being in and around the swimming pool). We appreciate that this is inconvenient in many cases, and you may not believe your child is ill, but you will appreciate that we do this in all cases, and it should reduce the risk of infection for all children in school. As an example, if your child is sick at lunchtime on a Tuesday, they should not return to school until after lunch on Thursday, provided there have not been any further episodes of vomiting and/or diarrhoea.

High temperature

A child should not attend school if they have a high temperature. They cannot return to school until 24 hours after their temperature has returned to normal. This 24 hours will also apply if they are sent home from school during the day.

3 Administration of Medicine

As it may not be feasible for the children to return home, nor, in most instances, for the parent to visit the School, medicines are administered by Matron in the following way:

- Parental permission is sought on the pupil health form for the administration of paracetamol, antihistamine and throat lozenges and kept on file in the pupil's medical file. Please note that pupils in Little Malties, Nursery and Reception will only be given paracetamol or antihistamine in an emergency situation or as part of an agreed allergy management plan. Matron will call parents first to seek clarification and consent to administer paracetamol or antihistamine on an ad hoc basis. Under no circumstances will they be given lozenges. Please see section 9 for further details for medical treatment and the administration of medicines for pupils in the EYFS. The medicine should be administered under the supervision of Matron, or by someone acting with the Head's authority, who holds the Administration of Medicines certificate, as noted in Appendix 2, 24.2.
- Throat lozenges and any other non-prescription medicines or creams brought in by the girls should be kept in the Medical Room in its original packaging. The medicine will be administered under the supervision of Matron, or by someone acting with the Head's authority, who holds the Administration of Medicines certificate, as noted in Appendix 2 – 24.2. Girls are not permitted to carry any medicines or lozenges on them in school, unless they have an epipen and/or inhaler which pupils in Years 1 to 6 carry with them around school in a purple shoulder bag.

- Teachers are instructed not to administer medicine to a pupil unless:
    - they hold an epipen, which pupils in Year 1 to Year 6 carry with them in a purple shoulder bag in an emergency, e.g. anaphylactic treatment,
    - when out on a school outing and the child requires medicine,
    - or if authority has been given as the member of staff holds a valid Administration of Medicines certificate.

- The child's medicine should be brought to school, by the parent/carer, in its original container from the pharmacy, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils. The medicine should not be kept by the pupil but in a locked cupboard (or fridge) out of reach of pupils, in the Medical Room.
- The medicine should be administered under the supervision of Matron, or by someone acting with the Head's authority. In the case of Maltman's Green, Matron is responsible for the administration of all medicines. (Note: teachers should not be instructed to administer medicine to a pupil unless in an emergency, e.g. anaphylactic treatment) or when out on a school outing and the child requires medicine.
- Parents will be notified via an email when medication has been administered.
- Please note, even with a completed consent form non-prescribed medicines will ideally only be administered for a 24 hour period, but will never be given for longer

than 48 hours, unless the pupil suffers from a fractured limb and needs paracetamol for pain management.

- Inhalers for pupils in Years 1-6 diagnosed with asthma are kept with the pupil at all times, carried in a purple shoulder bag, supplied by Maltman's Green.
- Inhalers for Pupils in Little Malties, Nursery and Reception are stored in drawstring bags labelled 'Emergency Medication'. These are carried by the teachers to all activities.
- Inhalers for pupils suffering from viral induced wheeze and intermittent cough are stored in the Medical Room.
- Staff should be aware of pupils likely to need inhalers and are advised to send pupils to the Medical Room at the earliest indication of shortness of breath.
- All children with nut or other allergies requiring an auto-injector or antihistamines must have their medication sent into school in its original packaging, and a Severe Allergy Action Plan form completed with written instructions for administration in the event of an emergency.
- Pupils in Years 1 – 6 carry their auto-injectors around school at all times. The purple shoulder bags are labelled with the name and photograph of the pupil. Also included in the bag is the Pupil's Severe Allergy Action Plan, a sheet with signs of an allergic reaction and anaphylaxis, together with clear instructions on how to administer the auto-injector.
- Auto-injectors for Pupils in Little Malties, Nursery and Reception are kept with the teacher and brought to all activities. Also included in the bag is the Pupil's Severe Allergy Action Plan, a sheet with signs of an allergic reaction and anaphylaxis, together with clear instructions on how to administer the auto-injector.
- Parents must complete and sign the 'Consent Form to Administer Medicines, including Prescription Medicines' (obtained from the School office, or filled in via MSP) each time a child brings medication to school. Verbal instructions will not be accepted.
- Other remedies including herbal preparations, will not be accepted for administration in school.
- It is the parents' responsibility to replace medication which has been used or expired, at the request of the School.

Matron provides some basic medication in the Medical Room such as paracetamol, etc., which she will administer at her discretion and with parental consent (Years 1-6).

3.1 Staff and Administration of medicine

Staff who feel unwell should report to the Medical Room. Matron will be able to administer general medicines such as pain relief and antihistamines. Staff who need to take personal medicines during the School day (e.g. insulin, antibiotics) should ensure that these medicines are stored safely in the Medical Room and only administered in the Medical Room. Medicines of any kind are not to be kept outside of the Medical Room.

4 First Aid

The School Matron is the School's Appointed Person responsible for the taking charge of first aid. In the absence of Matron, the Head of Pre-Prep shall assume the responsibilities of the School's Appointed Person. The Appointed Person will take charge when someone is injured or becomes ill, will maintain first-aid equipment including re-stocking boxes, and will ensure that professional medical help is sought when required. First aid supplies are easily accessible and properly stocked, maintained and regularly checked (at least every half term)

by Matron and stored in the Medical Room, and designated areas of the School as detailed in Appendix 1 – 23.

Details of Current First Aiders are in Appendix 2. Copies of these lists are displayed on the School Portal, in the School Office, Staff Room, Little Malties, Reception Lobby, Nursery and outside the Medical Room.

5 Contacting Matron

Matron can be contacted at all times on her extension 203 or by the School radio, which is in the School Office. Matron is available throughout the day from 8.00am to 4.30pm for the pupils and staff, should the need arise. Outside these hours, there is always a Full Paediatric Qualified First Aider on site during term time and when Little Malties pupils are onsite, who can be located in Little Malties or Nursery.

6 Information to Parents and Staff

- Parents of new entrants are informed of the School's First Aid provision in the parent's handbook.
- Parents are also informed of the School policy concerning pupils who become unwell while at school. It is the duty of parents to make arrangements for pupils who become unwell at school, by collecting them to take them home or to the doctor or hospital.
- A medication form is to be completed by a parent/guardian in order that a medication is to be administered during the School day to a child by Matron.
- Parents will be notified via email when medication has been administered.
- After parents have been contacted pupils will remain in the Medical Room until they are collected.
- Contact numbers can be accessed from the School Management System and are also kept in the School office and in the Medical Room.
- Matron must inform the School office and the form teacher if a member of his/her class goes home. The School Secretary must amend the School register.
- No pupil should be taken off site by a member of staff without the knowledge of the office and the Head, or someone acting on her authority.
- If parents or relatives are not available when a pupil becomes seriously unwell or injured, the Head must be advised. Medical advice should preferably be sought and, if necessary, the ambulance service should be used.
- In an emergency, a member of staff will accompany the pupil to hospital in the ambulance, having first attempted to contact the parents. Should this adult need to be Matron then another first aid trained member of staff will be nominated as the School first aider.

7 Communication with Parents

7.1 Absence due to illness/emergency

Parents are required to notify school every day during their daughter's absence either via the School Portal, telephone or email to the School office, stating the reason for the absence.

7.2 Injuries or diagnosed medical conditions

In the event of a diagnosed medical condition or injury out of school, the School requires details from parents in writing before a child returns in order to keep our medical records current. It is particularly important that parents inform the School before a child is due to return, if for example, a child requires crutches or any other aid so that the School has the necessary time to do a risk assessment first, before the child comes back to school.

In the case of any injuries to a limb resulting in a child needing a plaster cast, walking boot or crutches, the child is not to attend school for at least 24 hours following diagnosis.

The child has to be competent in using the crutches before returning to school. A risk assessment will be conducted on the child to ascertain if the child is safe to return to school.

7.3 Absence from lessons

If a child requires absence from some lessons such as Physical Education following a diagnosis, again the School requires this information in writing. The School is unable to allow a child to return to these lessons and reverse the original advice unless we receive this in writing from a doctor.

7.4 Off Site Trips and Visits

If staff are taking pupils off-site it is their responsibility to speak to Matron to discuss the medical needs of all the girls in their group. For larger trips such as year groups, this responsibility falls to the trip leader who must collate the information and distribute it to the trip staff in the pre-trip briefing. Staff members taking pupils off site will carry a first aid kit with them and any medication needed, unless the child is carrying a purple bum bag containing emergency medication. There are first aid boxes in both the minibuses and extra boxes can be obtained from Matron. A written record will be kept of the name, date, dose and time of any medication administered to a pupil during a school day or residential trip and a written copy supplied to parents/ carers upon the pupil's return to school.

With any visits out of school, the responsibility for medical and first aid provision is the Trip Leader's, who may allocate a first aider. ***A residential medical information form is required to be completed before pupils attend a residential trip.***

Please note that a child will not be permitted on any school trips or fixtures with an out of date auto-injector or inhaler.

Prior to going on a trip, staff members accompanying the trip should ensure they have a note of the School office number and/or the School emergency contact number.

Any accidents, injuries or first aid treatment administered whilst on a day or residential trip are recorded on the appropriate paper forms. Copies of these forms are given to parents immediately upon return to school.

7.5 Transport to Hospital

If an ambulance is required, the emergency 112 or 999 service will be used.

8 Procedures for Dealing with Injuries

8.1 Procedure for taking children to the Medical Room

8.1.1 Early Years

All pupils in the EYFS are supervised in line with the required ratios as laid out in the EYFS Framework 2023. All new entrants with Level 2 or Level 3 in Childcare, awarded on or after 30 June 2016, must be qualified in paediatric first aid, within 3 months of qualification, in order to be counted in the ratios. A member of staff who is full paediatric first aid trained is always on site when pupils from EYFS are on site.

Early Years' children are always escorted to the medical room by a member of staff.

We keep a written record of all accidents or injuries and first aid treatment, and we inform parent(s) and/or carer(s) of any accident or injury on the same day, or as soon as reasonably practicable. Parents are given a copy of the written record. Records are also stored confidentially on file. The recording is carried out in confidence at all times by the person administering first aid. Matron (or Little Malties Manager or Deputy when out of term time) will also ring the parents to ensure they are aware a form is coming home, the parent must sign this and return to school for us to copy.

8.1.2 Years 1–6

Staff will decide if the child can be accompanied by another child to the Medical Room (Years 1-6), except in the event of a head injury or a more serious injury or where a child has a known medical condition. In the latter cases, the child must be accompanied by an adult. Matron will then assess the situation. Should treatment be required, an entry is made in one of the Pupil Treatment Book with name, date, time, reason and treatment. If Matron believes it appropriate, based on the nature of the injury or condition, then the parents will be contacted. An email will always be sent to parents if pain relief medication, or antihistamine is given.

8.2 Emergencies

Clause 7(f) in the standard Terms and Conditions:

The School's obligations: If a child requires urgent medical attention while under the School's care, we will, if practicable, attempt to obtain parents prior consent. However, should we be unable to contact the parents we shall be authorised to make the decision on the parents' behalf should consent be required for urgent treatment (including anaesthetic or operation) recommended by an appropriately qualified medical professional.

Where a very serious accident occurs or, where adequate treatment is not available in school for example for incidents of pre-existing conditions such as anaphylaxis, an ambulance will be called immediately. Matron or a member of staff will accompany the pupil to hospital in the ambulance. The office will contact the parents, to arrange to meet the child at the hospital. A record card accompanies a pupil to hospital. It contains the following information, pupil's name, address and telephone numbers of the pupil's parents, name and telephone number of the pupil's doctors, the pupil's

religion and date of birth, any chronic illnesses or allergies and immunisations (hospitals will need to know all this).

In the event of an accident that does not appear to require an ambulance, the School office or Matron will phone the parents. Parents will be consulted as to the action they wish to take. In the event that parents wish to take their daughter to hospital, then the child will be kept as comfortable as possible in the Medical Room until the parents reach the School.

8.3 Incident report

An incident report needs to be initiated by the person who saw the incident or Matron (obtained from the School office or directly from Matron). It will then go to the next relevant person on the report. If appropriate Matron will log the details in our Accident Book. The Bursar will review the details of the incident and advise the Health and Safety Executive under the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013' (RIDDOR) legislation as appropriate. Any issues identified will be highlighted by the Headmistress and the Facilities Manager, and remedial action directed and taken as necessary. The Facilities Manager will monitor incident and accident statistics and report termly to the full Governors' Board and the Health and Safety committee.

8.4 Head injuries

The School follows NHS guidelines regarding head injuries.

Every minor lump, bump and bang is recorded in our daily medical log and an "I bumped my head sticker" given, which will alert teachers and staff to be extra vigilant. A note from the Medical Room will be sent home listing signs and symptoms that would require immediate advice from a GP.

If there is a visible lump or bump, or any initial dizziness or nausea which dissipates or any other signs of concussion while they are with Matron, Matron will call a parent and give them head injury advice for when their child returns home. At this point Matron will fill in an incident/accident form.

Matron uses a Concussion Signs and Symptoms Checklist. The child is checked for any of the following symptoms per concussion (see below) on arrival at the Medical Room, after 15 minutes and again after 30 minutes. If one or more of the signs or symptoms of concussion is present, the parent/carer will be called and advised to take their daughter to be checked by an appropriately qualified medical professional. The parents are to be given a copy of the concussion Signs and Symptoms Check List with all the relevant information.

It is the parent's responsibility to contact the doctor after a call from Matron.

Where a very serious head injury occurs, as identified by the NHS Head Injury advice leaflet published August 2014, an ambulance will be called immediately. Matron or another member of staff will accompany the pupil to hospital in the ambulance. The office will contact parents to arrange to meet their daughter at the hospital.

Observed signs:

- appears dazed or stunned;
- is confused about events;
- repeats questions;

- answers questions slowly;
- can't recall events prior to the hit, bump or fall;
- can't recall events after the hit, bump or fall;
- loses consciousness (even briefly);
- shows behaviour or personality changes; and
- forgets class schedule or assignments.

Physical symptoms:
- headache or 'pressure' in head;
- nausea or vomiting;
- balance problems or dizziness;
- fatigue or feeling tired;
- blurry or double vision;
- sensitivity to light;
- sensitivity to noise;
- numbness or tingling; and
- does not 'feel right'.

Cognitive symptoms:
- difficulty thinking clearly;
- difficulty concentrating;
- difficulty remembering;
- feeling more slowed down; and
- feeling sluggish, hazy, foggy, or groggy.

Emotional symptoms:
- irritable;
- sad;
- more emotional than usual; and
- nervous.

8.5 Returning to school after serious head injury (concussion)

In the event of a pupil sustaining a serious head injury and before the pupil can return to school, parents need to provide a letter from a medical professional (GP or A&E doctor). This letter must detail the injury e.g. concussion, any treatment that has been given, and details such as when the pupil can resume playground activities and PE. It must also include any follow up appointments for the pupil.

<u>The injured child's parent must contact the School to discuss the following points:</u>

- details of the head injury and how it happened;
- medication required for pain relief (if needed); and
- any additional measures or requirements.

8.6 Accident book

Matron is responsible for ensuring that an immediate entry is made in the School Accident Book – with all the relevant details including time of accident, location, and action taken. Book is kept in the Medical Room.

In the event of the pupil requiring hospital treatment as a result of an incident, parents are requested to advise details and the diagnosis, by telephoning or writing to the

School office at their earliest opportunity, and no later than seven days after the incident.

9 Administration of Sun Protection Lotion

Children should bring into a School a named bottle of sun protection lotion, in the summer months.

- bottles will be stored by the teacher and not kept in bags or desks;
- lotion will be self-administered wherever possible, under the supervision of a member of staff. The exception is in the EYFS;
- Matron will administer if appropriate and for pupils in the Early Years Foundation Stage, staff will apply;
- Sun lotion will not be shared.

10 Spillage of Bodily Fluids and Disposal of Clinical Waste

Clinical waste includes all body fluids such as blood, faeces, vomit, saliva, mucous, urine and anything that may be contaminated by them such as swabs, bandages, hypodermic needles, sharps, tissues, clothing, bedding etc.

Many different infections can occur when these agents come into contact with broken skin or with the eyes, nose and mouth. It is important to consider all biological wastes as infectious. Examples of diseases are: hepatitis; HIV; e-coli infection; COVID-19; TB; BSE; MRSA; as well as ill health such as digestive problems including diarrhoea etc.

Any members of staff are at risk but particularly Matron, caretakers, cleaners and Little Malties staff.

10.1 Disposal of clinical waste within the School

- Whenever possible when handling clinical waste gloves should be worn.
- Any contaminated clinical waste must be disposed in the designated bin.
- The bin must be a puncture – resistant container. Clearly lined with a leak - proof yellow plastic clinical waste bag.
- The bin should be clearly marked, ideally with a biological waste symbol.
- Do not over fill the container or compact down.
- Never mix clinical waste with other workplace rubbish.
- Sharp objects must be disposed of in the appropriate container (see disposal of sharps policy)
- Once full, seal the bag ready for collection and replace immediately with a new one.
- Store in safe area until collection for disposal.

For the disposal of any specific substances refer to Health and Safety Executives web site regarding The Control of Substances Hazardous to Health (COSHH).

10.2 Laundering of soiled garments

- Garments are washed on site in the Medical Room washing machine
- Whenever possible when handling soiled clothing or bedding, gloves should be worn

- Soiled articles are washed separately from all other laundry and on the hottest wash possible for the fabric
- If soiled, bedding and the mattress should be washed down with the appropriate cleaning materials
- All washing machines should be cleaned weekly using a hot cycle with an empty machine.

11 Training and Staff Awareness

- INSET training is organised to keep staff fully up to date for the current first aid guidance relevant to the current school population.
- All statutory first aid requirements will be met through appropriate staff training and qualifications.
- Staff (including new staff) will be issued with current government emergency first aid guidance.

12 Arrangements for Pupils with Particular Medical Conditions

The School has specific arrangements for asthma, epilepsy and allergic reactions as well as general arrangements for chronic conditions. Beyond this, the School responds to any other conditions as per the advice given by the appropriate health professionals. An individual healthcare plan will be completed by parents for staff to follow in regard to management of the specific medical condition.

13 Care of those with Chronic Conditions and Disabilities

At Maltman's all pupils are given support, encouragement and equal opportunities to ensure that they are able to fulfil their true potential, which importantly includes their health and wellbeing. For pupils with long term undiagnosed conditions, newly diagnosed conditions likely to become chronic, chronic conditions and/or disability/impairment, fulfilment of the child's true potential will be achieved wherever possible.

This will be achieved by:

- Matron working in partnership with the child and her parents/guardians through a child and family centred approach;
- parents being informed of any significant change to their child's condition or treatment;
- working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed;
- sharing information with relevant personnel as appropriate to ensure continuity of care;
- the provision of an individualised care plan with regular and on-going review of care and treatment;
    - this includes updating, monitoring and evaluation of all treatment and care on a regular basis;
    - documentation can be on paper but must also be included within the secure electronic healthcare database;
    - the care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Matron and allied Health Professionals;

- the provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- ensuring the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs;
- the child being fully involved in drawing up their treatment plans (if they wish) and by them being fully included in any treatment they receive;
- respecting the child's views and opinions on her treatment and care and seeking consent at each and every intervention;
- the child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring; and
- all care and treatment being documented.

13.1 Asthma

People with asthma have airways, which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

13.1.1 The signs of an asthma attack:

- persistent cough (when at rest);
- a wheezing sound from the chest (when at rest);
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body);
- nasal flaring;
- inability to talk or complete sentences (some children will go very quiet); and
- may say that their chest 'feels tight' (younger children may express this as tummy ache).

13.1.2 Procedure

- 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 generic inhaler situated in the Medical Room, or in the inhaler/auto injector storage box.
- Stay with the child.
- Immediately help the child to take two puffs of Salbutamol via the spacer.
- If 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 112 or 999 for an ambulance.
- If the ambulance does not arrive in 10 minutes give another 10 puffs in the same way as before.

13.1.3 When to call an ambulance

Call an ambulance immediately and commence the asthma attack procedure immediately if the child:

- appears exhausted;
- has a blue/white tinge around the lips;
- is going blue; or
- has collapsed.

13.1.4 Guidelines for managing Asthma

- Asthma sufferers are identified on a separate list and all the staff are made aware of the asthma sufferers in school through a display in the staff room.
- Inhalers for all pupils suffering from a viral induced wheeze and intermittent cough are stored in the Medical Room in boxes with the pupil's name and School Asthma Card.
- Inhalers for pupils diagnosed with asthma in Little Malties, Nursery and Reception are stored in their form room in a drawstring bag labelled 'Emergency Medication'. Inside are individual boxes labelled with the pupil's name and School Asthma Card. These will be brought to all lessons and activities.
- Pupils in Year 1 and up diagnosed with asthma carry their inhaler and School Asthma Card in a purple shoulder bag (supplied by Maltman's Green) at all times.
    - Process:
        - Form teacher/morning club leaders will collect bum bags and drawstring bags from the old library in the morning and give to the relevant girls
        - Form teacher/After School Club leaders will collect bags at the end of the day and take them back to the old library.
- If there are any signs of shortness of breath, accompany the pupil to the Medical Room.
- When there are building works on site, the staff are made aware that they need to be very vigilant with regard to dust and dirt, which could affect an asthmatic person. The same applies to outdoor sport during the summer months due to pollen and cold weather in the winter.
- Matron has an emergency stock of salbutamol inhalers that can be used if a prescribed inhaler malfunctions.
- The emergency salbutamol inhaler will 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 have been prescribed an inhaler as reliever medication.
- Parents are responsible for renewing out of date and empty inhalers.
- Parents are informed via an email every time their daughter uses the inhaler.
- When girls go on off site visits, inhalers are always accessible. It is the Trip Leader's responsibility to make sure the inhaler is accessible at all times.

13.2 Epilepsy

For pupils who have been diagnosed with epilepsy or who have previously suffered with seizures care will be provided that not only promotes health and wellbeing, fully

integrates them in to school life but also care which will minimise disruption to education.

This will be achieved by:

- Matron working in partnership with the child and her parents/guardians through a child and family centred approach;
- parents being informed of any significant change to their child's condition or treatment and of every seizure that occurs with the outcome of that seizure;
- working and liaising with allied health professionals, medical staff and teaching staff to provide care as needed;
- sharing information with relevant personnel as appropriate to ensure continuity of care;
- the provision of an individualised care plan as per with regular and on-going review of care and treatment;
    - this includes updating, monitoring and evaluation of all treatment and care on a regular basis;
    - documentation can be on paper but must also be included within the secure electronic healthcare database;
    - the care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Matron and allied Health Professionals;
- symptoms, seizures, auras and triggers being closely monitored, documented and acted upon;
- the provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- ensuring the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs;
- the child being fully involved in drawing up their treatment plans (if they wish) and by them being fully included in any treatment they receive;
- respecting the child's views and opinions on her treatment and care and seeking consent at each and every intervention;
- the child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring; and
- all care and treatment being documented.

13.2.1 Procedure

In the event of any child presenting with a seizure staff need to heed the following:

- Ensure the child is safe, in a safe position and can come to no direct harm. Remove obstacles as necessary.
- Support the head and limbs to minimise injury from external surfaces.
- Loosen tight fitted clothing e.g. top button on shirt, belt etc.
- Ensure a clear airway is maintained at all times. Do not insert anything into the mouth.

- Do not attempt to move the child during the seizure unless the airway is compromised, but do remain with the child and send for Matron's assistance
- Minimise the presence of onlookers.
- Observe and be able to describe and time the seizure. This is important.
- If this is the child's first seizure, get someone to dial 112 immediately whilst you stay with the child and support the head and airway. Always follow up with the GP or as advised by A&E.
- If this is not the child's first seizure and the seizure lasts, more than 5 minutes get someone to call 112 whilst you stay with the child and support the head and airway. Always follow up with the GP or as advised by A&E.
- If the airway is compromised and/or the child is not breathing dial 112, start resuscitation and call for Matron's assistance. Stay with the child.
- A member of staff will accompany any child being escorted to A&E post seizure.
- If this is not the first seizure, stay with the child supporting the head and airway and seek Matron's assistance. Do not move the child until the seizure is finished.
- If Matron is not present or has not been called then once the seizure is over take the child to the Medical Room for care and treatment. The child may be disorientated, lethargic, dazed and tired.
- Once in the Medical Room allow the child to rest and follow the child's post seizure individualised care plan. Once fully recovered and orientated the child may be allowed to return to class but the teacher and tutor must be aware of the seizure, as it will take the child some time to fully recover.
- Parents will be informed of each seizure and if the child is to go to A&E, the parents/guardian ideally will be contacted before the child has left the School. If this is not possible then parents/guardians will be contacted as soon as possible after the event. The priority will always be to the child.

  NB Not all seizures present as a tonic-clonic (jerking) seizure. Some seizures can present as vagueness, daydreaming, repeatedly picking at certain parts of the body/clothing, repeated movements of the tongue or eyes. This may then subside and the child may come out of the seizure or the child may then go on to lose consciousness and proceed to a tonic-clonic phase. You must be aware of what is normal for each individual child.

  If you are in any doubt and Matron is not available then dial 112 immediately.

13.2.2 Care protocol

- Children with newly diagnosed or chronic epilepsy will have an individualised care plan which is subject to regular and on-going review of care and treatment. This includes updating, monitoring and evaluation of all treatment and care on a regular basis. Documentation can be on paper but must also be included within the secure electronic healthcare database. The care plan will at least include diagnosis, treatment/medication, triggers/patterns, care given and reviews by Matron and allied Health Professionals.
- Matron will work in partnership with the child and his parents/guardians through a child and family centred approach.

- Parents will be informed of any significant change to their child's condition or treatment/medication and of any seizure that has occurred.
- Matron will work and liaise with allied health professionals, medical staff and teaching staff to provide individualised care as needed.
- Matron parents and children will share information with relevant personnel as appropriate to ensure continuity of care.
- School staff in particular Matron will provide care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities
- Matron will ensure that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications.
- Matron and allied health professionals will ensure the provision of a wide variety of treatment programmes (not just to include medication) supported by appropriately trained staff as required by the child's needs.
- The child will be fully involved in drawing up their own treatment plans (if age appropriate) and will be fully included in any treatment they receive.
- The child's views and opinions on his treatment and care will be respected consent (where appropriate) will be sought at each and every intervention.
- All treatment plans and care will be drawn up, monitored and evaluated by a medical professional
- All care and treatment will be documented.

14 Allergic Reactions and Anaphylaxis

14.1 Allergy and guidelines for the administration of auto-injectors

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances but may happen after a few hours.

14.2 The signs of an allergic reaction

Mild-Moderate Allergic Reaction:

- swollen lips, face or eyes,
- itchy/tingling mouth,
- hives or itchy skin rash,
- abdominal pain or vomiting.

14.2.1 Action:

- follow the child's Severe Allergy Action Plan;
- give antihistamine;
- watch for signs of ANAPHYLAXIS:
    - persistent cough, hoarse voice, difficulty swallowing, swollen tongue;
    - difficulty or noisy breathing, wheeze; and
    - persistent dizziness, pale or floppy, suddenly appear sleepy, collapse, unconsciousness.

<u>IF ANY ONE of these signs are present:</u>

- lie child flat (if breathing is difficult allow to sit);
- give adrenaline pen/auto-injector; and
- dial 112 or 999 for an ambulance and say ANAPHYLAXIS.

If in doubt, give adrenaline pen

<u>After giving adrenaline pen:</u>

- stay with child, contact parent;
- commence CPR if there are no signs of life;
- get someone to fetch the AED; and
- if no improvement after 5 minutes, give a further adrenaline pen/auto-injector, if available.

A comprehensive list of all children known to be allergic to any substance is displayed in the staff room. All staff, including the catering staff are briefed on the individual children involved.

If a child suffers from an allergic reaction whilst in school, staff need to take her immediately to the Medical Room where the necessary medication will be administered by Matron. In case of a severe reaction (anaphylaxis) administer adrenaline auto-injector.

If Matron is not present, the member of staff should administer the medication, which should have instructions attached.

Should a child suffer a suspected allergic reaction, which has not been previously diagnosed she will be treated according to the normal procedures for any child being taken ill.

Details of the reaction and any significant factors will be documented and passed to parents/carers and/or health professionals.

Auto-injectors for pupils in Little Malties, Nursery and Reception are stored in individual containers, with a photograph of the child for easy identification, in their Form room. These containers are kept in drawstring bags labelled 'Emergency Medication'. These will be brought to all lessons and activities taking place around the School.

Pupils in Year 1 and up carry their auto-injectors in a bum bag. The pupil's Severe Allergy Action Plan is kept in the bag, together with a sheet of signs of an allergic reaction and anaphylaxis, and clear instructions on how to administer the auto-injector.

Note that under no circumstances will another pupil's auto-injector be administered if in an emergency the prescribed auto-injector fail to work, or if a second shot is needed. Therefore, if possible, please supply two to be kept at School.

Please note that girls are not permitted into school with an out of date auto-injector

15 Diabetes

15.1 Guidelines for supporting the management of diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes, Type 1 and Type 2.

For pupils who has been diagnosed with either Type 1 or Type 2 diabetes care will be provided that not only promotes health and wellbeing, fully integrates them in to school life but also care which will minimise disruption to education.

This will be achieved by:

- Matron working in partnership with the child and her parents through a child and family centred approach;
- working and liaising with allied health professionals, medical staff and teaching stuff to provide care as needed;
- sharing information with relevant staff as appropriate to ensure continuity of care.
- the provision of an individual care plan with regular and on-going review of care and treatment;
    - this includes updating, monitoring and evaluation of treatment and care on regular basis;
    - documentation can be on paper but must also be included within the secure electronic healthcare database;
    - the care plan will at least include diagnosis, treatment/medication, care given and reviews given;

- the provision of care that promotes health and wellbeing, minimises disruption to academic and social life and which permits (as appropriate) the child to fully integrate with peers and take part in physical, psychological and educational activities;
- ensuring that medication/treatment is given and taken as prescribed and that staff administering medication are fully aware of its uses, side effects and contraindications;
- ensuring that staff are fully trained and reviewed annually;
- the child being fully involved in drawing up their IHC plan (if they wish);
- respecting the child's views and opinions on her treatment and care and seeking consent at each and every intervention; and
- the child being supported and educated to ultimately manage their own condition and treatment with the aim of them eventually becoming self-caring.

Children with Type 1 diabetes manage their condition by the following:

- regular monitoring of their blood glucose levels,
- insulin injections or use of insulin pump,
- eating a healthy diet, and
- exercise.

The aim of treatment is to keep the blood glucose levels within normal limits. Blood glucose levels need to be monitored several times a day. Whenever possible we encourage pupils to undertake their own finger prick blood glucose testing and management of their diabetes.

15.2 Insulin Therapy

Children who have Type 1 diabetes may be prescribed a fixed dose of insulin: other children may need to adjust their insulin dose according to their blood glucose readings, food intake and activity. Children may use a pen-like device to inject insulin several times a day; others may receive continuous insulin through a pump.

15.2.1 Insulin pens

Insulin pen should be kept at room temperature. Parents should ensure that enough insulin is available at school and on school trips at all times.

15.2.2 Insulin pumps

Insulin pumps are usually worn all the time but can be disconnected for periods during PE or swimming etc. The pumps can be discretely worn attached to a belt or in a pouch. The continually deliver insulin.

Type 2 diabetes is mainly treated with lifestyle changes such as:

- healthy diet,
- losing weight,
- increased exercise, and
- tablets or insulin may be required to achieve normal blood glucose levels.

15.3 Guidelines for managing Hypoglycaemia (hypo or low blood sugar)

Training will be offered to all relevant staff by the paediatric hospital liaison staff. Staff who has volunteered and have been designated as appropriate will administer treatment for hypoglycaemic episodes.

To **prevent** a hypo:

- Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
- Symptoms may include confrontational behaviour, inability to follow instructions, sweating, pale skin, confusion and slurred speech.
- The pupil must be allowed to eat regularly during the day. This may include eating a snack prior to exercise. Meals should not be unduly delayed due to extra-curricular activities at lunchtimes.
- If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the child may experience a "hypo".
- Treatment for "hypo" might be different for each child, but will be either dextrose tablets, jelly babies, sugary drink or Glucogel, as per Care Plan.
- Whichever treatment is used, it should be readily available and not locked away. Ideally, the pupil should carry the treatment with the testing kit.
- Do not send pupil to Matron when she experiences a "hypo". Check blood glucose level and if below 4 immediately administer relevant treatment and then send pupil accompanied to Matron. Matron will then follow the Care Plan for further treatment.
- Once the child has recovered, a slow acting starchy food such as biscuit should be given. If the child is very drowsy or unconscious, a 112 call must be made and the child placed in recovery position. Do not attempt oral treatment.
- Parent will be informed of a "hypo".
- Off-site activities e.g. visits, overnight stays will require additional planning and liaison with parent and diabetes nurse.

16 AED Plus (automatic external defibrillator)

The AED is situated in the School office (above the pigeonholes). All members of staff with PFA and FAW qualification are trained to use it.

16.1 Indications for use of AED:

- Use the AED when a suspected cardiac arrest victim has an apparent LACK OF CIRCULATION as indicated by:
  - unconsciousness;
  - absence of normal breathing; and
  - absence of a pulse or signs of circulation.

The AED Plus is fully automatic. Follow instructions given.

Call 999 or 112

The procedure for contacting the emergency services is at Appendix 3.

17 CPR

For staff to overcome any hesitation to start resuscitation a disposable child and adult resuscitator are available for use. These are situated next to the AED machine.

All our first aid boxes are kitted out with a single use face shield with a One Way Valve to protect the rescuer.

18 Guidelines for Managing Eczema

Eczema (also known as dermatitis) is a dry skin condition. It is a highly individual condition, which varies from person to person and comes in many different forms. It is not contagious.

In severe cases, it may be helpful and reassuring for all concerned if a Care Plan is completed.

Prescribed emollients (medical moisturisers) may be given to Matron for administration when needed.

19 Use of Lip Balms at School

At times, a lip balm may be needed for chapped and dry lips.

Due to pupils suffering from severe allergies, only the following lip balms are accepted at school: Nivea Essential Care Lip balm, Chapstick and Blistex.

20 Procedure for Treatment of Head Lice

If head lice are discovered the child's parents are contacted and asked to collect the child from school. Once the child has been treated appropriately, the child is welcome back to school.

Matron will perform a spot check on all the pupils in the form

A School Post email will be issued to the whole year group to advice parents to check their daughter's hair and treat if necessary.

21 Intimate Care

21.1 Principles

At Maltman's Green School, the Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of its pupils.

At Maltman's Green School we aim to meet the needs of all our children and promote their welfare. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity and respect at all times.

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

This Intimate Care section of the Medical Policy should be read in conjunction with the following school policies:

- Safeguarding and Child Protection Policy and Procedures
- Health and Safety Policy

Maltman's Green School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

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 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 parents 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.

Where a child has intimate care needs beyond the occasional, a designated member of staff will take responsibility to provide their care. We address issues on an individual basis. The designated person should have a strong and trusting relationship with the girl. This ensures that it is a positive experience that is safe for all.

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

All staff undertaking intimate care must be given appropriate guidance and training (where applicable).

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

21.2 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 view taken into account; and
- every child has the right to have levels of intimate care that are as consistent as possible.

21.3 Definition

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,or being in close proximity to pupils involved in intimate self-care.

21.4 Best practice

Due to the developmental stages of the children that we work with, we support them with personal care: changing nappies or 'pull ups' in the Early Years, dealing with soiling or wetting 'accidents', reminders to go to the toilet and general personal hygiene to develop independence.

Pupils who require regular, specific assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents and any other professionals actively involved, such as school matron or physiotherapists. Ideally, the plan should be agreed at a meeting at which all key staff, parents and the pupil should also be present particularly if circumstances change, e.g. where there is an improvement in a medical injury or condition. 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 appropriate terms for private parts of the body and functions; these should be noted in the plan.

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

If a child has needed unforeseen intimate care during the day this should be treated in confidence and shared with parents in person at the end of the day.

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.

Records will be kept in the pupil file *if* there is an on-going case that needs monitoring, rather than a *one-off* incident. Records are kept in the daily log in the Medical room and in the wet room, Nursery and Reception. Due to the young age of the children in Little Malties, staff keep a separate record of nappy/pull up changes and potty training for individual girls. Little Malties parents also receive this information via each child's

Daily Communication Book. There is separate guidance on intimate care specific to Little Malties at Appendix 4.

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

Staff who provide intimate care are given guidance and/or training in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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 and how many carers might need to be present when she needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

In line with the School's Low Level Concerns Policy, any individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

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.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research[1] which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with the pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

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

[1] National Children's Bureau (2004) *The Dignity of Risk*

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

School guidelines should be adhered to regarding waste products.

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

22 Safeguarding/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 Safeguarding and Child Protection procedures will be closely 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. At Maltman's Green, 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 one of the Designated Persons for Child Protection.

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 Headmistress. The matter will be investigated at an appropriate level and outcomes recorded. Parents will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until any issues 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 Headmistress (or to the Chairman of Governors if the concern is about the Headmistress) who will consult the Local Authority Designated Office in accordance with the School's policy on dealing with allegations of abuse against members of staff and volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

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 Headmistress or to the Chair of Governors, in accordance with the Child Protection procedures **and Low Level Concerns Policy**.

23 Appendix 1: Location of First Aid Boxes

Area	Location of First Aid Box
ADA Carpark	On the wall under covered area
Art Room *	Window ledge in classroom
After School Care/early years	Little Malties Purple room
Design Technology Room *	Window ledge in classroom
Gymnastics Bag for Fixtures	PE Office
Groundsman	Garage at end of staff car-park
Junior Gym	Window ledge in girls toilet
Lapraik Hall	Ledge in entrance lobby
Little Malties	On shelf in changing areas for both Green and Purple rooms
LM Outdoor Emergency Bag	Stored in Green room storage area
Maintenance Office	On shelf
Maintenance Machinery Garage	Hanging on a hook
Maintenance Workshop *	hanging on a hook
Medical Room	On windowsill x 2
Nursery	Cupboard above sink
Nursery Outdoor Backpack	On door handle in Sand room
Out of School Care	Cupboard in dining room
PE Office	PE office - metal box in bottom cupboard
PE Bag for Off-site Fixtures	PE Office in bottom cupboard
Playground Duty	On wooden shelves in Old Library x 4
Pool Treatment Room *	On shelf in pool treatment room/plant room
Purple Block downstairs	On wall shelf/ground floor/near toilet entrance
Purple Block upstairs	On wall shelf next to the telephone
Reception Block	On cabinet in the lobby
School Front Office	On shelf by pigeon holes
School Mini Buses	Located at the front of each bus
Senior Science Lab *	In storage room between the labs
Swimming Pool	On shelf in pool office
Technology Block upstairs	On window sill
Technology Block downstairs	On window sill in staff toilet
Year 1 Lobby	On window sill

* must have big bottle of Emergency sterile eye wash

24 Appendix 2: List of Current Full Paediatric First Aiders/Administration of Medicines/First Aid at Work

24.1 List of Current Full Paediatric First Aiders

Name	Course date	Course expiry date
Mrs G Rose	19/10/2021	18/10/2024
Mrs S Bachu	19/10/2021	18/10/2024
Miss S Crossman	19/10/2021	18/10/2024
Mrs L Hoyer Jarvie	19/10/2021	18/10/2024
Mrs C Luckett	19/10/2021	18/10/2024
Mrs C Walsh	19/10/2021	18/10/2024
Miss M Walsh	19/10/2021	18/10/2024
Mrs K Woods	19/10/2021	18/10/2024
Mrs H Armstrong	30/03/2022	29/03/2025
Mr A Richardson	06/09/2022	05/09/2025
Mrs K Edwards	06/09/2022	05/09/2025
Ms S Ensor	06/09/2022	05/09/2025
Mrs L Pearce	06/09/2022	05/09/2025
Mr N Baude	06/09/2022	05/09/2025
Mrs S Sloan	06/09/2022	05/09/2025
Mrs V Fowler	06/09/2022	05/09/2025
Mrs P Sewell	06/09/2022	05/09/2025
Ms I Simmie	06/09/2022	05/09/2025
Mrs S Webb	06/09/2022	05/09/2025
Mrs M Charafeddine	06/09/2022	05/09/2025
Mrs E Charalambous	04/01/2023	03/01/2026
Mrs R Clarke	04/01/2023	03/01/2026
Miss S Czepiec	04/01/2023	03/01/2026
Mrs L Draper	04/01/2023	03/01/2026
Mrs E Harper	04/01/2023	03/01/2026
Mrs A Lilley	04/01/2023	03/01/2026
Mrs J O'Callaghan	04/01/2023	03/01/2026
Miss R Sanderson	04/01/2023	03/01/2026
Mrs S Sargeant	04/01/2023	03/01/2026
Mrs A Ellisdon	05/09/2023	04/09/2026
Miss S Bond	05/09/2023	04/09/2026
Mr J Gilbert	05/09/2023	04/09/2026
Mrs A Louw	05/09/2023	04/09/2026
Mrs C May	05/09/2023	04/09/2026
Mrs D Thompson	05/09/2023	04/09/2026
Ms E Ullstein	05/09/2023	04/09/2026
Mrs S Glinska	05/09/2023	04/09/2026
Ms E Button	14/02/2024	13/02/2027

24.2 Staff with current Administration of Medicines qualifications:

Name	Course date	Course expiry date
Mrs H ARMSTRONG	17/03/2022	16/03/2024
Mrs H ELLIOTT	31/03/2022	30/03/2024
Mrs B TAANK	25/04/2022	24/04/2024
Mrs J O'CALLAGHAN	26/04/2022	25/04/2024
Mrs K KINDRED	20/09/2022	19/09/2024
Mrs K EDWARDS	04/04/2022	03/04/2024
Mrs C WALSH	09/02/2023	08/02/2025
Miss A LILLEY	18/05/2023	17/05/2025
Miss S ENSOR	05/06/2023	04/06/2025
Mrs C MAY	05/09/2023	04/09/2025
Miss S MAHMOOD	09/11/2023	08/11/2025
Mrs S MCGUINNES	12/11/2023	11/11/2025
Mrs V FOWLER	28/11/2023	27/11/2025
Mrs P SEWELL	28/11/2023	27/11/2025
Mrs Y SAHANS	06/12/2023	05/12/2025
Mrs L DRAPER	04/12/2023	03/12/2025
Mrs D THOMPSON	17/01/2024	16/01/2026
Mrs A ELLISDON	20/01/2024	19/01/2026
Mrs S SLOAN	22/01/2024	21/01/2026
Mrs F BROADLEY	23/01/2024	22/01/2026
Mrs C LUCKETT	29/01/2024	28/01/2026

24.3 Staff with current First Aid at Work qualifications:

Name	Course date	Course expiry date
Miss H LINSELL	03/01/2024	02/01/2027
Mr A WINCHCOMBE	03/01/2024	02/01/2027
Mr T HOWE	03/01/2024	02/01/2027
Mrs C LUCKETT	03/01/2024	02/01/2027
Mrs L BRIANT	03/01/2024	02/01/2027

25 Appendix 3: Procedure for Contacting Emergency Services

In need of an ambulance, the School office or Matron will make the phone call.

Dial 112 or 999, ask for ambulance and be ready with following information

1. Your telephone number
   01753 883022

2. Give your location as follows
   Maltman's Green School
   Maltmans Lane
   Gerrards Cross

3. State that the postcode is
   SL9 8RR

4. Give exact location in the School

5. Give your name

6. Give name of the child and a brief description of child's injury and symptoms

7. In need of an ambulance between 8-9am and 3-4.15pm inform Ambulance Control that the best entrance to Maltmans Lane is directly opposite Milton Avenue. Explain this is due to traffic congestion at drop off and pick up. Also, keep this in mind when school events are taking place and at the last day of term. Direct them to either the front of School, staff car park or ADA. State that the crew will be met and taken to the appropriate location.

8. If the ambulance has to come in from Milton Avenue i.e. AGAINST the usual flow of traffic please contact the maintenance team and Bursary immediately and ask them to help control traffic to enable access for the ambulance.

   Speak clearly and slowly and be ready to repeat information if asked.

26 Appendix 4: Intimate Care- Specific to Little Malties

Little Malties staff are required to support all children's personal hygiene needs and will implement regular intimate care routines. These include nappy changing, application of non-medicated creams such as emollients and aiding toilet training and toileting needs. It also includes changing of clothing, as the need arises, and to help children settle during nap and rest times.

There is a reasonable expectation that the youngest children require comfort, attention and reassurance, particularly during intimate care routines. Staff working in little Malties need to be mindful of the code of conduct at all times, as well as safeguarding guidance. 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.

It is expected that pupils in Little Malties will require frequent intimate care support. For example, toileting routines must be closely monitored, if not supported, by staff. Staff assisting children in the bathroom with either nappy changing, toileting or other appropriate bathroom activities (such as hand washing, or changing clothing) will notify another member of staff that they are about to do so. Any intimate care routines will be logged for future reference, and shared with parents, via to home diary, each day. There is a bathroom activity chart which staff are to complete after each nappy change or toileting routine is completed. Creams such as emollients or moisturisers will be applied and recorded on the bathroom activity chart as appropriate to each child. Prior permission from parents will be sought before applying any creams, with consideration given to the medication policy and any health care plans that are already in place.

Staff must keep themselves protected and uphold the highest standards for hygiene, particularly during intimate care routines. PPE is provided – disposable gloves, aprons and nappy sacks. All bodily fluids and hazardous waste is to be disposed of in the yellow sacks, located in the bathroom. Staff are expected to assess the risks and hazards before attempting to clean up toileting accidents or changing nappies; they must call for assistance and make use of the spills kit where it is appropriate to do so. The caretakers may be called upon to assist with larger spills.

Staff soothing children as they nap or sleep must always remember the code of conduct when doing so. A calm, comforting environment must be created in line with the parents' views and practices as much as possible. In order to create an appropriate sleep or rest space for each child. It may also be appropriate to have physical contact as the child rests; for example, stroking their hair or holding their hand. At all times the CCTV will be in operation to record interactions between pupil and staff. Please see the School's CCTV Policy for further details.

There is a designated sleep area for planned sleep or rest times. This is available throughout the day and it is appropriate to offer a child in Little Malties the opportunity to rest at any time. However staff must bear in mind the parents' perspective with regards to the nap time and duration; staff should seek to compliment the child's home routine as much as possible. A sleep or rest chart for staff must be used to record the duration of the sleep and that a member of staff has checked on any sleeping children at least every 10 minutes.

27 Appendix 5: Intimate Care Good Practice – a more detailed guide

The adult supporting a child or young person with intimate care needs to consider both their ***attitude*** and ***actions*** within the approach.

27.1 Principle Elements of Safe and Healthy Intimate Care:

- trust and duty of care to safeguard the child;
- a person centred approach;
- promoting the development of positive self-esteem, body image & self-confidence;
- promoting the development of appropriate relationships, **boundaries** and personal safety;
- integrating social and cultural values and beliefs;
- promoting positive lived experience;
- promoting cleanliness and personal hygiene - preventing infection and disease; and
- provision of education and training.

27.2 Trust and duty of care to safeguard the child

The person designated to provide intimate and personal care to a child or young person is placed in a position of trust and has a duty through their responsibilities as a parent or as an employee to provide care which always promotes the health, wellbeing and safety of the child or young person. This includes protecting the child from abuse. Other family members are regarded as trusted adults and accordingly have a duty to safeguard the child or young person.

27.3 Safeguarding

Staff need to be aware that some adults may use intimate care procedures as an opportunity to abuse children and young people. Staff need to be aware of the possibility that allegations of abuse may be disclosed. Allegations can be made by children and **young** people and they can be made by other concerned adults.

Following clear guidelines will offer staff a framework to base their care plan around whilst also providing consistency across all settings.

If concerns are raised please refer to **our** safeguarding procedure and discuss **with the Designated Safeguarding Lead.**

The following statements set out guidance and examples of practice for staff.

27.4 Statements of Good Practice

Treat every child with dignity and respect and ensure privacy

Intimate and personal care should be provided with dignity and respect ensuring privacy, this includes care being given gently and sensitively.

Adults should take into account the child's views and feelings throughout any procedure or intervention and give careful consideration to what the child is used to and what is appropriate, given their needs and their family's culture and beliefs.

Information about a child intimate and personal care needs is both private and confidential. Information sharing relating to intimate care should be for a legitimate purpose and with the consent of the child or where a child lacks capacity, the parent or guardian.

Privacy should be appropriate to the child's age, gender and situation. Privacy is an important issue. Children have a right to privacy and staff need to recognise that right and take steps to ensure this it is upheld. It is important to ensure that e.g. changing clothes is done in a safe and respectful manner. Identified places for changing are therefore helpful.

Privacy can be respected by allocating one adult unless there is a sound reason for having more adults present. Where this is the case the reasons should be documented. Where two people are required for manual handling, staff should consider that once the initial manual handling task is complete, the second person could remove themselves until summoned once the intervention has finished and child has been re-clothed.

Consider off site provision well in advance of any visit. It is recommended the facilities are inspected and included in **the** usual risk assessment evaluation.

Involve the child in their own intimate care and be aware of and responsive to the child's reactions

The child should exercise choice as far as possible throughout. Staff should gain the child's consent or agreed approval prior to carrying out any procedure or intervention.

Any touch which is intended as "help" (e.g. helping a child with toileting needs) is to be as enabling and empowering as possible and the child should be permitted to do as much by themselves as possible. Involve the child as far as possible in their own intimate care and if the child is able to help, give them every opportunity to do so. It is important to avoid doing things that the child can do alone or with support. If a child is fully dependent on you, talk with them about what you are doing and give them choices wherever possible.

Children should always be consulted about their views regarding touch and physical contact. Their understanding and acceptance of touch needs to be explicit. Staff should check their practice by asking the child, particularly a child they have not previously cared for, e.g. "Is it ok to do it this way?" "Can you wash there or do this?"

Follow a child's individual guideline alongside your intuitive knowledge and experience of the child you are caring for and verbally report and document any changes in the child's behaviour or their reactions to intimate care.

Encourage the child to have a positive image of their own body

Providing intimate care with the right attitudinal approach with clear good practice actions provides ongoing opportunities to teach children about the value of their own bodies, develop self-confidence and a positive self-esteem. The approach adults take in providing intimate care to a child should convey messages that their body and they are respected; a sense of value. Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. Whilst keeping in mind the child's age and understanding, routine care should be enjoyable, relaxed and fun.

Early year's role modelling of good practice in intimate care experiences provide important learning for children **regarding boundaries and personal safety**.

The gender of the adult care giver should take into account the child's age, developmental history, cultural beliefs and values and the expressed views of the child and/or parents and should be documented within the individual intimate care plan.

As a general guide, children up to the age of 8 can be provided with intimate personal care by either gender. From about 8 years of age as the child is developing their sexuality psychologically, physically and physiologically, gender of the adult intimate care giver becomes more of an issue to the individual in terms of their respect for privacy, and their views and feelings are critical to deciding who should provide intimate care.

Where a child lacks the capacity to make the decision, the parent or guardian's views should be included within the individual intimate car plan. It is good practice for adults providing intimate care to young people (from the age of 8) to be of the same gender. In certain circumstances, and it would usually be unexpected circumstances, this good practice principle may need to be waived where failure to provide appropriate care would result in an omission of care.

Whilst this is best practice it is recognised that within some services the gender of staff is often made up of predominantly female staff and therefore the same gender principle is often difficult to implement in practice. This needs to be explained to the child and family as part of negotiating the agreed intimate car plan and whatever is put in place should be reviewed and monitored regularly.

Make sure practice in intimate care is as consistent as possible

The management of all children who require support with their intimate care needs to be carefully planned. A person centred approach to providing intimate and personal care promotes both individual and consistent patterns of care. The provision of intimate and personal care always has to be considered within the context of the individual person who requires assistance to meet their intimate and personal care needs.

Children who require intimate care should have an individual intimate care plan which sets out the child's views and how they would like their care given, together with specific information to enable care givers to carry out their intimate care. These plans should also include a full risk assessment where necessary to address issues such as moving and handling, personal safety of the child and the carer. Any individual issues including religious and cultural views will be recorded in these plans. Any historical concerns (such as past abuse) should be noted and taken into account.

The intimate care documentation should be agreed by the child (if age appropriate) parents/carers, designated staff and professionals. The intimate care plan should be reviewed regularly (at least annually) as the child's needs may change.

Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do everything identically, but approaches should not differ markedly between staff.

Elements of consistency for each individual child include:

- **Language** – using recognised words or other cues and agreed terminology.

- **Physical touch** – always washing intimate parts with a wash cloth/wipe and not bare hands and wearing gloves
- **Documentation** – following the child's individual intimate care plan

Consistency of approach can be helped by checking with the child their carers/staff who know the child well and reading any relevant medical documentation. If something needs changing in a procedure, it is important to let all those who are involved in their care know about the changes.

Never do something unless you know how to do it

All staff who provide intimate care should receive training to promote good practice. No one should ever undertake a task unless they know how to do it. Just because staff have done something with their own child, it must not be assumed that they can do it with a child they are providing care for. Adults providing intimate care should consider their own attitudes and behaviour. If staff have concerns about providing this type of care we would encourage you to speak to your line manager or the Headmistress.

Certain intimate care procedure must only be carried out by appropriately trained staff. It is the Head's or a designated deputy's responsibility to ensure their staff members are appropriately trained and receive regular updates.

Equipment used for intimate care must be cleaned between uses as per local infection control standard (2011). Generally, this would mean wiping down toilet seats or changing beds with an antibacterial spray or wipes and taking universal precautions as necessary when providing the care (gloves, aprons etc.) Waste will be disposed of as per local policy. Advice and help about these issues can be obtained from **the Site Manager.**