

Mowbray Education Trust

Primary Settings First Aid, Supporting Children with Medical Needs, and Intimate Care Policy

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The trust has adopted a separate standalone allergy safety policy, which sets out arrangements to reduce the risk for individuals coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response

plans. The allergy safety policy sits alongside this policy. Where a pupil has an allergy, the allergy safety policy must also be cross-referenced, including when making any decision or taking any action.

This policy applies to Trust primary settings and any school converting into the trust since the last review and approval of this policy.

Where this policy states 'school' this means any of our educational establishments and the wider Trust.

Where this policy states 'Headteacher' this also includes 'Head of School' and 'Centre Manager'.

1.0 Medical Needs

Introduction

- 1.1 This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'. (Amended December 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005).
- 1.2 The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.
- 1.3 This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short-term or one-off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.
- 1.4 Each school is responsible for developing and regularly reviewing its own medication guidance, copies of which should be available to school staff and parents/carers.
- 1.5 Guidelines and information on administration of specific medicines for specific conditions are detailed in this guidance document. All information is available on the Leicestershire Traded Services website www.leicestershiretradedservices.org.uk.

Definition of Health Needs

- 1.6 For the purposes of this policy, a 'Medical condition' includes both physical and mental health conditions which may affect a pupil during the school day or their ability to access education and participate fully in school life. Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. For the purposes of this policy 'medical condition' includes, but is not limited to:

- Physical or mental conditions
- A single episode or recurrent.
- Short-term or long-term.
- Relatively straightforward (e.g., the pupil can manage the condition themselves without support or monitoring) or complex (requiring ongoing support, medicines, or care whilst at school to help the pupil manage their condition and keep them well).
- Involving medication or medical equipment.
- Affecting participation in school activities or limiting access to education.

1.7 Medical conditions may change over time in ways that cannot always be predicted.

1.8 Allergy is a medical condition and is defined in the trusts allergy and anaphylaxis policy.

1.9 Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long-term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is intolerance to gluten, found in rye, barley, and wheat.

1.10 Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010.

2.0 **General Principles and Responsibilities**

2.1 The Board of Trustees and staff of the Primary School settings wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they can play a full and active role in school life, remain healthy, and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips / visits and / or in sporting activities.

2.2 The headteacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day.

2.3 Where possible, pupils will be encouraged to self-administer their own medication.

2.4 When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.

3.0 **Notification that a pupil has a medical condition**

- 3.1 Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting parent/carer meetings and/or via school communication systems.
- 3.2 A pupil may disclose themselves that they have a medical condition. The staff member to whom the disclosure is made should notify the headteacher as soon as practicable.
- 3.3 Notification may also be received directly from the pupil's healthcare provider or from a school from which a child may be joining the school. The school may also instigate the procedure themselves where the pupil is returning to the school after a long-term absence
- 3.4 On the child's admission to the school the parent/carer should be asked to complete an admission form and a long- or short-term healthcare plan giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital consultants, allergies, special dietary requirements and any other relevant information. This information should be updated annually. School will, where appropriate, complete a risk assessment and make any reasonable adjustments to enable the child to attend school.
- 3.5 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the headteacher or someone designated by them as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality. If a decision is made not to inform a parent/carer then the reasons for this should be documented and the decision should be reviewed by a senior member of staff.
- 3.6 Unless the medical condition is short-term and relatively straightforward (e.g., the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
- Discuss the pupil's medical support needs.
 - Identify a member of school staff who will provide support to the pupil where appropriate.
 - Determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain.
- 3.7 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on their own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in their views by other means, such as setting their views out in writing.
- 3.8 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's

medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of an IHP.

- 3.9 In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the headteacher will exercise their professional judgement, based on the available evidence, to determine whether an IHP is needed and/or what support to provide.
- 3.10 For children joining the school at the start of the school year, any support arrangements will be made in time for the start of the school term, where possible. In other cases, such as a new diagnosis or a child moving to the school mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.
- 3.11 In line with our safeguarding duties, the school will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The school will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

4.0 Pupils with health needs who cannot attend school

- 4.1 Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the school will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.
- 4.2 The school will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials, and resources.
- 4.3 In accordance with the Department for Education's statutory guidance¹, as soon as it is clear that a pupil will be away from school for 15 days or more (either consecutive or over the course of a school year) because of their health needs, the local authority should:
- Be ready to take responsibility for arranging suitable full-time education for that pupil.
 - Arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.
- 4.4 The school will inform and work collaboratively with the local authority to support these responsibilities.
- 4.5 The school will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil to identify and meet the pupil's educational needs throughout the period of absence, and to remain in touch with the pupil throughout.
- 4.6 When a pupil is considered well enough to return to full-time education, the headteacher or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations

¹ [Arranging education for children who cannot attend school because of health needs \(December 2023\)](#)

5.0 Individual healthcare plans (IHP) – see Appendix 1

- 5.1 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the school, the pupil's parents/carers, the pupil, and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil; this may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport, to ensure that the authority's own transport healthcare plans are consistent with the IHP.
- 5.2 The aim of the IHP is to capture the steps which the school needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP, the school will need to assess and manage the risk to the pupil's education, health and social wellbeing, and to minimise disruption.
- 5.3 IHPs may include:
- Details of the medical condition, its triggers, signs, symptoms, and treatments.
 - The pupil's resulting needs, including medication (dose, side-effects, and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors or travel time between lessons.
 - Specific support for the pupil's educational, social, and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, or counselling sessions.
 - The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated, with appropriate arrangements for monitoring.
 - Who will provide this support, their training needs, expectations of their role, and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable.
 - Who in the school needs to be aware of the pupil's condition and the support required.
 - Arrangements for written permission from parents/carers and [name and position] for medication to be administered by a member of staff or self-administered by the pupil during school hours.
 - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments.
 - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
 - What to do in an emergency, including whom to contact and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

- 5.4 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.
- 5.5 Except in exceptional circumstances or where the healthcare provider deems that they are better placed to do so, the school will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 5.6 Where a pupil is returning to the school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.
- 5.7 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to, or become part of that EHCP.
- 5.8 Where a pupil has an allergy, their Allergy Action Plan and/or Asthma Action Plan will be attached to their IHP.

6.0 Reviewing individual healthcare plans (IHP)

- 6.1 Every IHP shall be reviewed at least annually. [Name and position] (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider, to ascertain whether the current IHP is still needed or needs to be changed. If the school receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.
- 6.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

7.0 Medication

- 7.1 Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer.
- 7.2 No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.
- 7.3 Medicines will only be administered when it is detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.

- 7.4 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters, or adrenaline pens in school, it is vital that the parent/carers advise the school accordingly so that the process for storing and administering medication can be properly discussed.
- 7.5 The school will only accept medicines that are in date, labelled, provided in the original container, and include instructions for administration, dosage, and storage. The exception to this is insulin, which must still be in date but will generally be available inside an insulin pen or a pump rather than its original container.
- 7.6 Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration. Staff may take a note of the quantity provided to them; liquids may be marked with a line.
- 7.7 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carers. The school will not make changes to dosages labelled on the medicine or device on parental instructions.
- 7.8 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carers but the school will ultimately decide the approach to be taken.
- 7.9 Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.
- 7.10 The school will keep a record of all medicines administered to individual pupils, stating what, how, and how much was administered, when, and by whom. Any side-effects of the medication will be noted.
- 7.11 If a pupil refuses to take their medication, staff will not force them to do so and will inform the parent/carers of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 7.12 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 7.13 It is the responsibility of parents/carers to notify the school in writing if the pupil's need for medication has ceased. When no longer required, medicines

will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

- 7.14 There must be adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication.
- 7.15 Medication must be in its original packaging. Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration. Staff may take a note of the quantity provided to them; liquids may be marked with a line.
- 7.16 Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- 7.17 Generally, it is not necessary for an over-the-counter medicine to be prescribed by a medical practitioner to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all medications should be prescribed.
- 7.18 The school should not hold stock of over-the-counter medications
- 7.19 Aspirin MUST not be given to children under 16 years of age unless prescribed.
- 7.20 Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed regularly. Pupils who require temporary, short-term medication only requires a consent form to be completed.
- 7.21 If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- 7.22 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. A misuse of drugs' policy and procedure should be in place at the school to deal with situations for example, where pupils pass their medication to other pupils.
- 7.23 Schools should otherwise keep controlled drugs (The term 'controlled drug' is defined by the Misuse of Drugs Act 1971 ("the Act") as 'any substance or product for the time being specified in Part I, II or III of Schedule 2 of the Misuse of Drugs Act 1971'. Controlled drugs are subject to strict legal controls, and legislation determines how they are prescribed, supplied, stored and destroyed), that have been prescribed for a pupil securely stored in a double locked nonportable container and

only named staff should have access. Two people must witness the administration of the Controlled Drug. The controlled drug should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held (Misuse of Drugs Act 1971 and COSHH 2002)

- 7.24 Pupils prescribed inhalers must have immediate access to their prescribed medication wherever they are on school premises. For pupils who are unable to self-manage and carry their own inhalers then inhalers must be stored in a location that is readily accessible to the pupil and staff in an emergency and must not be kept in a locked cupboard or otherwise inaccessible location. The school will maintain an up-to-date asthma register identifying pupils with asthma or who have been prescribed a reliever inhaler. Relevant staff will know which pupils are on the register, where their medication is stored, whilst respecting confidentiality. Where schools hold an emergency inhaler, this will be stored in an accessible location and managed in accordance with the relevant guidance, including appropriate parental consent, staff training, record keeping and expiry/ condition checks.

Spare adrenaline auto-injectors (AAIs)

- 7.25 The school will maintain a supply of spare, clearly labelled AAIs for use in an emergency. All AAIs will be stored at room temperature and not locked away or kept in any location where access is restricted.
- 7.26 Spare AAIs held by the school are for emergency use only and are not a substitute for a pupil's own prescribed AAI. Spare AAIs will be stored in a clearly marked, accessible and safe location known to all relevant staff. They will be contained in an "Emergency Anaphylaxis Kit" clearly marked as such and separate to the first aid kit. They will be stored in pairs along with instructions for use.

8 Serious incidents and near misses

- 8.26 The school recognises that however effective its policies and procedures are in relation to pupils and staff or visitors with medical conditions, they can never completely remove the risk of a serious incident happening.
- 8.27 Serious incidents and 'near misses' will be treated seriously and in accordance with the trust's health and safety policies and procedures.

9.0 Setting Responsibilities

- 9.1 Educational settings should ensure that members of staff who volunteer to administer medicines will be offered professional training, a clear protocol and support as appropriate and required.
- 9.2 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Ofsted guidance (<https://www.gov.uk/government/organisations/ofsted>)

provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.

- 9.3 Close co-operation, and use of a standard process between schools, settings, parents/carers, health professionals and other agencies will provide a suitably supportive environment for children/young people with medical needs.
- 9.4 The school will always take full account of authorised volunteers, temporarily, supply and peripatetic staff when informing staff of arrangements in place for the administration of medicines and care.
- 9.5 The school will always designate a minimum of two people it considers suitable and competent to be responsible for the administering of medicine to a child; this will ensure back-up arrangements are in place if the principal member of staff with responsibility is absent or unavailable.
- 9.6 If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on the administration sheet. If refusal results in an emergency, the school normal emergency procedures will be followed. (Please see Government Templates: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>)

10.0 Storage

- 10.1 Medication should be kept in a known, safe and secure location. This may need to be a refrigerator. This will be strictly in accordance with product instructions - paying particular note to temperature and in the original container in which it was dispensed. Temperature checks should be carried out daily and recorded.
- 10.2 Prescribed emergency medication, such as Adrenaline Auto-Injector devices (AAI) e.g., epi-pens, or asthma inhalers, should remain with the pupil, or close by at all times; including P.E and off-site educational visits.
- 10.3 Parents/carers are responsible for ensuring that the education setting has an adequate amount of medication for their child. As a rule, no more than four weeks of medication should be stored at any one time.
- 10.4 Staff will check that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, and the expiry date. Staff in the school must not alter or add to the label.
- 10.5 Children/young people will be informed where their own medicines are stored and how to access them.

Disposal Return and Medication Errors

- 10.6 Sharp items must be disposed of safely using a sharps bin. These are

available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per 'sharps guidelines' (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).

- 10.7 Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist.
- 10.8 Controlled drugs must only be taken to the dispensing pharmacist. Records of transferring medications must be witnessed and recorded.
- 10.9 Receipt of Controlled Drugs (CDs) Some young people have medication that is classified as a controlled drug (Misuse of Drugs Act 1971 schedule 2, storage labelled as CD). These drugs must be received in the appropriate manner and stored in the locked controlled drugs cabinet. Medication must be counted in, counted down as administered and counted out if they leave the building – this to be witnessed and recorded in the CD book. For controlled drugs that are returned via transport, staff should seal the CDs in an envelope and write the quantity contained within on the outside of the envelope to ensure parents know what quantity they will be receiving.

11.0 Record keeping

- 11.1 Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should include:
- The pupil's name, age and class
 - Contact details of the parent/carer and GP
 - Details of any allergies the pupil may have.
 - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be required.
 - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
 - A dated signature of the parent/carer.

The parents should supply the school with the original medication information sheet whilst the medication is on site.

All medication consent and healthcare plans will be tracked and stored electronically using <https://www.medicaltracker.co.uk/>.

- 11.2 Changes to prescriptions or medication requirements must be communicated to the educational setting by the pupil's parent/carers and a new consent form signed. Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with

parents/carers, the educational setting and other professional input as appropriate.

- 11.3 Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school.
- 11.4 A pupil's health information is considered special category data. The school has a lawful basis to hold, use, and share a child or young person's special category health data. The school will need to hold, use, and share this information in order to ensure the pupil receives the support they need to stay safe and be included in education.
- 11.5 All individual pupil health data will be stored and processed in accordance with the school's student privacy notice.

12.0 Medical Emergencies

- 12.1 In the event of a medical emergency, all relevant procedures should be activated and 999 dialed as appropriate.
- 12.2 If a pupil needs to be taken to hospital, a member of staff should stay with the child until the parent/carer arrives or accompany the child to hospital by ambulance. Schools need to ensure that they understand the local emergency services cover arrangements:
 - Emergency number to call (including additional number to reach an outside line-if applicable) 999 or 112
 - Navigational instruction, if different from the school or postcode
- 12.3 If a pupil does become ill at school, they must be accompanied to the school office or medical room by a member of staff. Wherever possible a qualified first aider should attend the location in which the pupil has become ill, this should be without delay.
- 12.4 In the event of a pupil experiencing a potentially life-threatening emergency, for example an asthma attack or a suspected allergic reaction, information on spare generic emergency medication held in school will need to be communicated to the emergency services. Guidance to then be taken from the emergency services during the 999 call.
- 12.5 A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example Adrenaline Auto- Injector devices or asthma inhalers).
- 12.6 Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan. unless advised otherwise by the emergency services.

13.0 Allergy and Anaphylaxis

The trust Allergy and Anaphylaxis policy sets out the arrangements for the policy in relation to Allergy and Anaphylaxis.

14.0 Epilepsy

<http://www.youngepilepsy.org.uk/for-professionals/education-professionals>

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Epilepsy is a very individual condition, and every pupil with the condition will display different patterns and types of symptoms. In fact, most children with epilepsy never have a seizure during the school day. It is because of this that it is particularly vital that a detailed individual health care plan is drawn up for every pupil with the condition. This plan should be written by the child's consultant or lead specialist and must have been written within the last year for it to be valid. It should have been written in consultation with Parents and medical staff, and should set out the particular pattern of the child's epilepsy:

- What type of seizures the child has
- How long they last and what they look like
- What first aid is appropriate and how long a rest the child may need
- Common triggers for the child's seizures
- How often is medication taken, and what the likely side effects are
- Whether there is any warning prior to the seizure, and if so, what form it takes
- What activities might the parents or doctor place limits on
- Whether the child has any other medical conditions
- To what extent the child understands their condition and its treatment.

If a child does experience a seizure in a school or setting, details should be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure – e.g. Visual/auditory stimulation, emotion (anxiety, upset)
- Any unusual "feelings" reported by the child prior to the seizure - parts of the body demonstrating seizure activity e.g. Limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Any emergency medications may require appropriate training, parental and GP consent and specific written guidance. Please seek advice from health professionals and the individual's GP. Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories.

Concerns about safety should be discussed with the child and parents as part of the health care plan. During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course.

15.0 School Trips, Visits and Sporting Events

- 15.1 Medication required during a trip should be carried out by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication, as necessary.
- 15.2 Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

16.0 Home to school transport

- 16.1 For home-to-school transport, precautions will be considered to ensure the safety of the pupil during the journey. Children who require medication to travel between school and use SEND transport will have individual care plans in place and transport arrangements will be discussed with parents. Medication will be transferred with the transport escorts.
- 16.2 Appropriate trained escorts, if they consider them necessary, to be available for the journey
- 16.3 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that a driver or escort will administer medicines (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow.
- 16.4 All drivers and escorts should have basic first aid training as part of their role to support with emergency first aid if required. Additionally, trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.
- 16.5 Where pupils have life threatening conditions, specific health care plans should be carried in vehicles. Individual transport health care plans will need input from parents and the medical practitioner responsible for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

17.0 First Aid Policy

The aims of this policy are to ensure the health and safety of all staff,

pupils and visitors to the Primary Schools within the Trust. In producing this policy staff and trustees are aware of their responsibilities with regards to First Aid within the Trust and in individual schools. This policy will provide information on responding to an incident and recording and reporting the outcomes.

17.1 Introduction

The Health and Safety at Work Act 1974 imposes a general duty on employers to ensure that their establishments are safe and healthy places.

The Health and Safety (First Aid) Regulations 1981 (First Aid Regulations) (amended 1st October 2013) and the associated Health and Safety Executive (HSE) Approved Code of Practice (ACOP) [L74: First Aid at Work](#) applies to all employers and employees who work in establishments.

The First Aid Regulations do not apply directly to non-employees, although ACOP L74 places emphasis on the need, when assessing the overall risk, to take account of all persons who have access to the premises. Therefore, it is sensible to combine first aid provisions and facilities for employees and non-employees (including visitors to the premises and contractors) ensuring that the level of provision for employees is not diluted.

This document sets out arrangements to ensure compliance with the First Aid Regulations and ACOP L74. It also provides guidance to management about what first aid facilities should be provided, the training of first aiders, administering treatment and the employer's responsibilities.

17.2 Employers Responsibilities

It is an employer's responsibility to ensure that there is adequate and appropriate equipment and facilities in place to enable the application of First Aid to employees who become ill or are injured at work, extending these responsibilities to visitors and contractors.

There is no ratio for the number of first aiders to employees although ACOP L74 offers some guidance which MET school staff should adhere to:

- Low risk workplaces (such as offices) - one trained First Aider to every 50 employees with an additional first aider for every 100 employees
- High risk workplaces - one trained first aider for five or more employees, with an additional first aider for every 100 employees

17.3 First-Aid Facilities

The number of first aiders, first aid kits and whether a dedicated first aid room is required will be dependent upon the assessment of risk and the criteria stated above.

First aid boxes or kits should be identifiable, signed with a white cross on a green background, easily accessible and placed in areas of greatest risk.

All staff members, as part of their initial induction, should be given information relating to:

- Who the first aid trained staff are;
- Where the nearest first aid box/kit is located
- Site procedure for dealing with first aid emergencies

First Aiders must make themselves known to all employees.

HSE guidance on suggested first aid box contents:

Item	Minimum Quantities
First Aid Guidance	1
Sterile Adhesive Dressing (individually wrapped plasters)	20
Sterile eye pads	2
Sterile Triangular Bandage (individually wrapped)	4
Safety Pins	6
Medium Sterile Dressing	6
Large Sterile Dressing	2
Disposable Gloves	3 Pairs
Sterile Cleansing Wipes	4
Sterile Water or Saline (if mains water not available)	1 Litre

- 17.4 Other suggestions based on the activities being undertaken and risk assessment:
- Instant ice packs
 - Disposable yellow plastic bags for clinical waste/sharps bin
 - Silver foil survival blanket
 - Protective Resuscitation Aid (Vent Aid)
 - AED – Automatic External Defibrillator
- 17.5 An appointed person is given responsibility for checking and, where necessary, replenishing the contents of first aid boxes/kits to the above minimum quantities on a regular basis.
- 17.6 Sterile items are marked with a 'use-by' date. When replacing these items within the first aid boxes / kits the dates marked on such items should be checked to ensure that expired items are disposed of and replaced. For non-sterile items without dates, personal judgement should be used to determine whether they are fit for purpose.
- 17.7 Following administration of first aid, the first aider is responsible for ensuring any stock is replenished by informing their manager. Checks should be recorded.
- 17.8 Anti-bacterial pump soap, water, and disposable drying materials or suitable equivalents must be available.
- 17.9 If utilising a designated room or area as a 'First Aid Room' to allow

patients to sit/lay down quietly in private, it is important that casualties are not left alone, or are checked regularly, depending on the severity of their illness/injury.

18.0 First Aid Training

First aid training providers will need to be able to demonstrate how they satisfy the HSE's [First Aid Training Criteria](#)

The main types of first aid personnel often referred to as "First Aiders" are:

- For casualties aged 18 and over:
 - Certified First Aider – First Aid at Work (FAW) - 3-day course.
 - Emergency First Aid at Work (EFAW) – 1 day course
- For casualties aged under 18:
 - Paediatric first aiders - 2-day course
 - Emergency paediatric first aider 1 day course

- 18.1 All first aiders are encouraged to conduct an annual refresher to ensure their skills remain up to date.
- 18.2 Staff will complete a formal refresher course prior to the expiry of their certificate which is valid for 3 years. This training will be arranged in plenty of time before it expires. Should a certificate expire, the employee will be required to complete the course in its entirety.
- 18.3 A qualified first aider will always be readily available on the premises and easily contactable when employees are at work.
- 18.4 In an Early Year's Foundation Stage setting, there is at least one person who has a current Paediatric First Aid (PFA) certificate. This person must be on the premises, and available always when children are present and accompany children on outings. The PFA certificate must be a full course consistent with the criteria set out in Appendix 2 and Annex A of the [Statutory framework for the early years foundation stage](#) government guidance.
- 18.5 The cost of an individual's first aid training will be paid for by their school's budget.

18.6 Administration of First Aid

Any persons can administer first aid in line with the training they have received. However, it is not the responsibility of a first aider to administer medication.

Where accidents involve external bleeding, first aiders must wear protective gloves and ensure that their own personal wounds are covered with a waterproof dressing.

If a first aider receives bites, scratches or needle stick injuries, wash the wound with water, make it bleed, if you can, and then cover with a waterproof dressing. Report the incident to your line manager and record the incident through medical tracker. This should then be addressed

within your sites workplace risk assessment to ensure sufficient and suitable control measures are in place (see the Leicestershire Traded Services [Blood Borne Viruses and Needle Stick Injuries](#) Guidance for more details).

18.7 Mouth to Mouth Resuscitation

If contaminated blood is present through facial injuries, and mouth to mouth contact is required, a Vent Aid should be kept in first aid boxes/kits to facilitate this.

Where first aiders feel unable to deliver rescue breaths due to the presence of blood, vomit, or other reason, they should endeavour to continue to provide compression only CPR in line with their training.

18.8 Requesting the Attendance of an Ambulance

All first aiders must be fully aware of their work location procedures for calling, and meeting, the emergency services.

First aiders should follow NHS guidance [on when to visit an urgent care centre](#) when deciding whether to call an ambulance, in line with their training. However, if there is any doubt, an ambulance should be called without delay and follow any instructions provided by the emergency services call handler.

19.0 Mental Health First Aid (MHFA)

It is important for employers to recognise the effects of mental health issues in the same way as physical first aid needs.

Mental Health First Aid (MHFA) is an educational course which teaches people how to identify, understand and help a person who may be developing a mental health issue. In the same way as we learn physical first aid, Mental Health First Aid teaches you how to recognise the crucial warning signs of mental ill health.

MHFA courses teach people how to:

- Recognise the signs and symptoms of common mental health issues
- Provide help on a First Aid basis
- Effectively guide someone towards the right support

Several members of staff across the Primary settings have completed the MHFA course.

20.0 Reviewing and Reporting

All incidents of first aid will be recorded on the Medical Tracker system. Ways of reporting and recording will be regularly reviewed.

<https://www.medicaltracker.co.uk/>

21.0 Post Incident Support

It is acknowledged that dealing with an emergency situation can have a significant psychological impact on all involved. It is important for Managers/Head Teachers to be aware of the signs and symptoms of post-incident stress and provide support, where necessary. It must be noted that the effects can often take months to manifest.

Employees are encouraged to discuss incidents and seek professional support, if necessary, from their GP. The Education Support service can also be contacted where necessary. Education Support – Employment Assistance Programme 08000 856 148 or online resources: educationsupport.org.uk/onlinesupport Username: worklifesupport Password: support1

Further relevant information for information and completion such as healthcare plans and the full Leicestershire guidance can be sought from individual schools websites.

22.0 Intimate Care

Introduction

Mowbray Education Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

Pupils may require assistance with intimate care as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can. Protect the rights of all others involved.

22.1 Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases

such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g., the administration of rectal diazepam).

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies. It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected.

Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted. Wherever possible the child should be cared for by an adult of the same sex. However, due to staffing situations in this school this is not always possible. Therefore, in certain circumstances this principle may need to be waived where the failure to provide would result in negligence for example, female staff supporting boys in our school, as no male staff are available. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

22.2 Procedures for intimate care

- Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times and will be shared with parents.
- Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.
- If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child adhering to the arranged times.

- Each child using nappies will have a clearly labelled box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using disposable blue roll paper and soap and hot water.
- The changing areas are warm and comfortable for the children and are private for mothers.
- Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using disposable blue roll paper and soap and hot water.
- The changing area has paper towels available for members of staff to dry their hands.
- Any soiled clothing will be placed in a tied plastic bag in the child's personal box and will be returned to parents at the end of the school day.
- Any used nappies will be placed in a tied plastic bag and disposed of in the appropriate bins.
- Any bodily fluids that transfer onto the changing area will be cleaned appropriately.
- If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the medication policy and full parental consent will be gained prior to this.
- Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- Members of staff will use the toilet introduction procedures to get children used to using the toilet and encourage them to be as independent as possible.
- Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

21.3 Partnership Working

In some circumstances it may be appropriate for us to set up a home school agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This could include:

- Agreeing to ensure that the child is changed at the latest possible time, convenient to the parent/child before being brought to the school.
- Providing the setting/school with spare nappies and a change of clothing. However, the school/setting should also endeavour to keep spare clothes, of varying sizes that also reflect the gender and mix of clothing worn by the children, for emergencies
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any cream
- Take into account the child's own wishes and needs in how care is provided, and how they communicate this
- Agreeing to inform the school should the child have any marks/rash

- Agreeing to a 'minimum change' policy i.e., the school would not undertake to change the child more frequently than if they were at home
- Agreeing to review arrangements should this be necessary.

Equality Impact Assessment

The Trust carries out Equality Impact Assessments to ensure that policies, procedures, and practices cater for individuals who share protected characteristics in relation to the Equality Act 2010. The purpose of these assessments is to ensure that policies, procedures, and practices within the organisation are fair to all. If unfairness is highlighted, the assessment will also seek to show how this can be changed and, where it cannot be changed, how it can be improved.

Monitoring arrangements

This policy will be reviewed every year by the Headteacher team. At every review, the policy will be shared with the Trust board for approval.



**Leicestershire
Traded Services**

Personal Care Plan - Confidential

Information and Guidance

Reviewed by: Health, Safety and
Wellbeing
Service

Date Reviewed: 04/06/2024

Review Due Date: 04/06/2027

Issue No: 4

**We can
do that. ✓**

Confidential

Name:	
Date of Birth:	
Date of Report:	
Condition:	
Report completed by:	

Name / Role	Contact information: address / phone / e-mail
Parent/carer:	
Continence Advisor:	
General Practitioner:	
Hospital Consultant:	
Occupational Therapist:	
Physiotherapist:	
School Nurse:	
SENCO:	

This current plan has been agreed by:			
Name	Role	Signature	Date

Monitoring arrangements	
Date of Review	

Name		
Date of Birth		
Facilities and Equipment		
Details of assistance required		
Staffing		
Regular		Back up
Other issues e.g. anxiety, self-esteem, psychological		
Arrangements for School trip		

Personal Care Management Checklist

Name	
Date of Birth	

Facilities	Items identified	Action
Toileting		
Suitable toilet identified?		
Is intimate care required? If yes, please review Intimate Care Guidance.		
Adaptations e.g. furniture, environment		
Changing bed (easy clean surface) Consider checks under PUWER and thorough examination under		
Grab rails (Document M Pack)		
Step		
Easy operated door locks at suitable height (consider emergency release)		
Accessible locker for supplies		
Mirror at suitable height		
Hot and cold water		

Facilities	Items identified	Action
Lever taps		
Disposal unit		
Collection of clinical waste. Contract in place, waste consignment notes provided		
Moving and Handling equipment (hoist, standing frame, turntable, transfer board). PUWER/LOLER apply		
Emergency alarm pull cord- operational (Ensure regular checks and response arrangements in place)		
Pupil Provided Supplies		
Pads		
Catheters		
Wipes		
Spare clothes		
Others (specify)		
School Provided Supplies		
Toilet rolls		
Urine bottles		

Facilities	Items identified	Action
Antiseptic cleanser, cloths and blue roll		
Antiseptic hand wash		
Milton/sterilising fluid (COSHH SDS, inventory, R/A req'd)		
Paper towels, soap		
Disposable gloves/aprons		
Clinical waste sacks		

Catering		
Any special dietary requirements or feeding difficulties?		
Food allergens?		

Staff Training/Communication		
Advice sought from medical personnel e.g. Specialist Nurse, School Nurse		
Parental involvement in the management plan		
How well is the pupil able to communicate their needs?		
Specific training for staff in personal care role (inc moving and handling)		

Awareness raising for all staff		
Other pupils? Consult pupil, respect privacy		
Pass card system?		
P.E. Issues		
Discreet clothing required?		
Privacy for changing?		
Specific advice required for swimming, e.g. Specialist Nurse, Moving and Handling advice		
Support required?		
Identified staff		
Back up staff		
Training for back up staff		

Further resources are available via the LTS Website or by contacting your HSW advisor. KSCIE and NSPCC guidance refers also.

Record of Personal Care Intervention

Name	
Date of Birth	

Date	Time	Procedure	Staff signature	Second signature

Log of Changes to Policy				
Version	Page	Change	Editor	Date
1.0	Whole document	General tidying up of formatting	TB	7.6.23
	3	Renaming of parental communication systems in schools		
	Whole document	Renaming of AAls Adrenaline Auto-Injector devices for anaphylaxis		
	13	Clarify training requirements for first aiders		
1.1		No changes required	TDL	May 2024
1.2		Remove reference to Trust Data Lead and replace with Headteacher team Update communication system reference from WEDUC to communication system used in the school Updates to provision and contacts for support service from LCC to Education Support service EAP	SB	June 2025
1.3	Whole document	- Change to font and layout to aid readability - Change to Anaphylaxis section to take account of new legislation and trust Allergy and Anaphylaxis policy - Changes throughout to take account of Browne Jacobson model policy - Addition of IHP section & appendix using LCC template instead of Browne Jacobson template	CF / JW	August 2026