

Charnwood Primary School



Supporting Pupils with Medical Conditions

May 2016

Reviewed	Date:	May 2016
	By:	Mrs M Norman SENCo
Agreed at the Governor Committee Meeting Sites & Building / Health & Safety	Date:	12/05/2016
	Signed by Chair of Committee:	Mr M Rafik
Ratified by FGB	Date:	23/02/2017
	Signed by Chair of FGB:	Mr I Lambat
Next review	2 Years	May 2018

Revision History

Date	Details of change
May 2016	Document created by Mrs M Norman, incorporating previous documents, e.g. Administration of Medicines, Nut Allergy Policy

1 Introduction

1.1 School Context

The staff at Charnwood Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

1.2 Principles

This policy was written with the Health and Safety Guidance No. 36A – Administration of Medicines and Healthcare Needs in Schools, Early Years and Youth Settings – issued in August 2015, in mind and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education.
- Disruption to the education of children with health needs should be minimised.
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child.
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires.
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if a child becomes ill, send them to the school office unaccompanied or with someone unsuitable
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child.

1.3 Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

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. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

2 Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

SENCO

The member of staff responsible for ensuring that pupils with health needs have proper access to education is the school's SENCo, Monika Norman. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. Mrs. Norman will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Head teacher

The head teacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Head teacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual

healthcare plans, including in contingency and emergency situations. The Head teacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She, or the SENCo, will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

2.1 Staff training and support

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

3 Procedures

3.1 Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the **Medical Needs Register** which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Confidentiality is assured by all members of staff. The School Nurse has regular meetings with the SENCo at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP.

3.2 Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A template for individual healthcare plans is provided at Appendix A.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the appropriate hospital school to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

3.3 Home tuition

When pupils are too ill to attend full-time, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family and the relevant medical professionals.

4 Medicines in school

4.1 Self-management by pupils

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

4.2 Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken **outside school hours**. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Only medicines that have been prescribed by a doctor, dentist, and nurse prescriber or pharmacist prescriber should be administered. Medicines from any other source, e.g. over the counter medicines, should not be administered by staff. It will be necessary for parents/guardians to administer this prior to the child's attendance at the school/setting or to arrange to be present in order to administer it on site. Medicines must always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

The School should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

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 in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. Inhalers and emergency treatment medication must follow the child to the sports field, swimming pool, etc. The school holds spare emergency medication if this is provided by the parent in the event that the child loses their medication. The spare medication should be kept securely by the child's teacher. It is the parents' responsibility to ensure that medicines are in date and replaced as appropriate.

Some medicine needs to be stored in a refrigerator in order to preserve its effectiveness. A lockable refrigerator is available on site to meet the requirements for security.

The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. When no longer required or out of date,

medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

5 Emergency Situations

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

6 Day trips, Residential and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

7 Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Appendix A Template for Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix B Administration of Medicines in School Form

Administration of Medicines in School

Name of Pupil		Class	
Home Address		Date of Birth	
Contact Telephone No:		Name of Prescribing GP	
Medical condition of pupil		Notes	

It is important to note

1. Staff will only administer medicines prescribed by a doctor.
2. The form should be completed by the parent/guardian of the pupil and be delivered personally to the school office.
3. Whilst no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent will encourage them to see this as part of the pastoral care. Where such arrangement fails it is the **parent's responsibility** to make **appropriate alternative arrangements**.
4. If your child has been prescribed an epipen or inhaler, you must provide the school with a **spare** inhaler/epipen with your child's name and date of birth. This form must be completed.
5. We encourage parents where possible, to administer the prescribed dose in frequencies which enable it to be taken outside school hours e.g. medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

Date	Person who brought it in	Signature	Name of Medication	Amount supplied	Form Supplied	First day of admin	Last day of admin	Expiry date	Dosage regime	Stored Where	Received by

Appendix C Administration of EpiPen

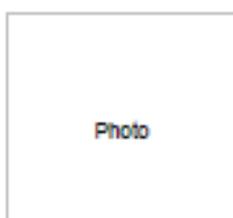
Allergy: Emergency Action Plan with **EpiPen®**

KNOWN ALLERGIES:

Name:

Preferred name:

Date of Birth:



Photo

Parent / Carer details:

1)



2)



How to give EpiPen®

Step 1

Step 1. Lie down with your leg slightly elevated or sit up if breathing is difficult



Step 3. Hold the EpiPen® about 10cm away from your leg, swing and jab the orange tip into the outer thigh. Hold in place for 10 seconds. Remove EpiPen®



Step 2. Grasp your EpiPen® in your dominant hand with the blue safety cap closest to your thumb and remove cap



Step 4. Massage the injection area for 10 seconds. You must dial 999 immediately, ask for an ambulance and state anaphylaxis.

Keep your EpiPen® device at room temperature. For more information on EpiPen® and to register for the free expiry alert service, go to www.epipen.co.uk. This document has been adapted, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au

Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or itchy rash
- Itchy / tingling mouth / itchy throat
- Abdominal pain, vomiting

ACTION:

- Stay with the child
- Call for help if necessary
- Give antihistamine: CETIRIZINE
If vomited, can give a further dose (orale)
- Contact parent / carer
- Locate EpiPen®

<2yrs	2.5mg	2.5ml
2-6yrs	5mg	5ml
6+yrs	10mg	10ml or 1 table

Watch for signs of ANAPHYLAXIS (Severe allergic reaction):

- Difficult or noisy breathing
- Wheeze / persistent cough / hoarse voice
- Difficulty swallowing / tightness in throat
- Loss of consciousness or collapse
- Pale / floppy / suddenly sleepy
- If in doubt or rapidly deteriorating

If ANY ONE of these signs are present:

- Lie child flat. If breathing is difficult, allow to sit
- Give EpiPen® (circle) EpiPen® Jr / EpiPen®
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- Stay with the child
- If no improvement after 5-10 minutes, give a further EpiPen® dose (if prescribed – CHECK OVERLEAF)

Additional Instructions:

If asthmatic and concerns about breathing give 10 puffs of Salbutamol Inhaler

*Medical observation in hospital for at least 6 hours is recommended after anaphylaxis (NICE Guidelines).

Please complete Report Form giving clear account of events and fax it to 0116 2586694

Allergy: Emergency Action Plan with *EpiPen*[®]

MUST BE COMPLETED BY HEALTH CARE PROFESSIONALS (WITH THE EXCEPTION OF OTHER

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: **Tel No:**

Signature: Date ____ / ____ / 20 ____

Emergency telephone contact number.....

HEAD OF ADMINISTERING SETTING

NAME:

Signature: Date ____ / ____ / 20 ____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND EPIPEN[®]

NAME:

Signature: Date ____ / ____ / 20 ____

NAME:

Signature: Date ____ / ____ / 20 ____

NAME:

Signature: Date ____ / ____ / 20 ____

NAME:

Signature: Date ____ / ____ / 20 ____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: **Tel No:**

Signature: Date ____ / ____ / 20 ____

Designation

I have prescribed a second EpiPen[®] to be given (circle) Yes / No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Local Authority and schools' responsibility to ensure there is adequately trained staff able to instigate the management plan.

Appendix D Guidelines for Asthma Sufferers

Guidelines for Asthma Sufferers

These guidelines have been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils

The School -

- Recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma
- Encourages children with asthma to achieve their potential in all aspects of school life by having clear guidelines that are understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the guidelines
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack and receive regular training through the school nurses system
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the guidelines are implemented and maintained successfully

Medication

Immediate access to reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler.

The class teacher will hold this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency, however, many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with these guidelines. **All school staff will let children take their own medication when they need to.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a National Asthma Campaign school card to give to their child's GP or asthma nurse to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school. The school also keeps a separate form: **Administration of Medicines in School** for each pupil who takes any form of medicine in school and any administration of a child's inhaler is recorded on their form.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the secretary's office if particular fumes trigger their asthma.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.

1. **Ensure that the reliever inhaler is taken immediately.**
2. **Stay calm and reassure the child.**
3. **Help the child to breathe by ensuring tight clothing is loosened.**

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be told about the attack.

Emergency procedure

Call the child's doctor urgently from the secretary's office using the asthma register to find out the number of the GP if:

- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

If the Doctor is unobtainable, call an ambulance

- If for any reason the child stops breathing, an ambulance should be called immediately

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

Appendix E Nut Allergy Procedures

Charnwood Primary School is committed to reducing the risk to their staff, pupils and visitors with regards to the provision of food and the consumption of allergens in that food which could lead to an allergic reaction.

Introduction

Certain foods including nuts, particularly peanuts, and shellfish are considered to be higher risk foods for causing an allergic reaction. To address this issue, the school is adopting a positive approach to the management of food allergies.

These procedures are implemented at the school, covering all activities e.g. lunchtime, baking, Fun days, fairs, special events etc.

While the school cannot operate an “allergen free” catering service, it will bring to the attention of all users of the service any products which it is aware contains high risk allergens.

Any pupil with a nut allergy who does not normally have school dinners cannot request a school dinner at short notice, as the school cannot guarantee that the dinner provided for that day is “nut free”.

Objectives of the procedures

1. **To reduce the likelihood** of any member of staff, pupil or visitor to the school inadvertently consuming food allergens which could lead to an allergic reaction.
2. **To promote awareness** of the nature of food allergens and bring these to the attention of staff, pupils and visitors.
3. **To train key staff and school first-aiders** in the signs and symptoms of an allergic reaction and the emergency response procedures to deal with such an event.

To reduce the likelihood

- Pupils, staff and visitors of the school with food allergies that could lead to allergic reaction are strongly advised to identify themselves to school staff.
- Where a new or returning pupil is offered a place in school, parents are advised to complete the pupil's health record. This information will be held by the school and used in response to any medical emergency.

To promote awareness

- These procedures will be held in school and communicated to all staff.
- The menus on offer are clearly displayed at all times and dishes containing nut allergens will be highlighted.
- An emergency action notice outlining procedures for obtaining assistance in an emergency will be made known to staff at the beginning of each academic year.

To train key staff and school first-aiders

- Symptoms of allergic reaction will be made known to all school First Aiders along with appropriate emergency procedures through training.

Appendix F Guidance for Managing Continence

Guidance No 110

Martin Southam, Health and Safety Manager

Oct 2009

Key Managers of Children and Young People's Services

Policy for Managing Continence

Introduction

This guidance is intended to be consistent with the following documents:

Early Years Support Team Promoting Personal Development in Foundation and Key Stage 1 – Continence

Looked after Children – Residential Procedure Manual

The Disability Discrimination Act (DDA) requires all settings providers to re-examine all policies, consider the implications of the Act for practice and revise their arrangements as appropriate to ensure compliance. Schools and other settings will need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school/setting. (Good Practice in Continence Services, 2000).

In the light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a setting/school's admissions policy. Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents/carers are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

Within health care practice there are clear guidelines which support children and young people in acquiring continence specifically related to known underlying physical causes of dysfunction. Schools/settings can access this support through the child's/young person's family or by contacting the Children's Hospital.

Definition of Disability in DDA

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term.

It is clear therefore that anyone thus affected must not be discriminated against. It is unacceptable to refuse admission to any child who is delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children with global developmental delay which may not have been identified by the time they enter nursery or school are likely to be late coming out of nappies.

Setting providers have an obligation to meet the needs of children with delayed continence development or physical continence difficulties in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development or physical disability. Children and young people should not be excluded from any school/setting activities solely because of continence management issues.

Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children and young people is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child and young person.

Schools and settings should consider the following issues:

Health and Safety

Schools and all other settings registered to provide education or care will already have hygiene or infection control policies as part of their Health and Safety policy. This is a necessary statement of the procedures the setting/school will follow in case a child or young person accidentally wets or soils him/herself, or is sick or bleeds, etc. while on the premises. The same precautions will apply for dealing with continence incidents (e.g. nappy/pad changing).

This is likely to include:

- Appropriate staff training
- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- Soiled clothing to be double wrapped and laundered or stored temporarily until laundered/handed to carers such that contamination cannot occur
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

Asking parents/carers of a child or young person to come and change a child is likely to be a direct contravention of the DDA. Leaving a child or young person soiled for any length of time pending the return of the parent/carer is a form of abuse which will negatively affect a child's or young person's self confidence and self esteem, as well as potentially cause damage to the skin.

Moving and handling is often required when supporting children and young people with regard to continence. This presents health and safety risks that could injure the child, the young person or injure staff. Dealing with these risks is paramount. It is likely that appropriate manual handling training will be required. Safe systems of work are also required that will protect children, young people and staff from injury. Manual handling risk assessments are necessary and these must take account of the specific situation including the capability of the member(s) of staff. A foreseeable risk is dropping a child or young person, or falling whilst carrying one (perhaps by tripping for example). Transporting children or young people by carrying should be avoided. Lifting children or young people who are over 10 Kilograms must be prohibited regardless of the assumed capability of the employee unless a specific manual handling risk assessment has been undertaken. Even where the child is less

than 10 Kilograms the capacity of the employee to lift them in the circumstances must be assured.

Resources

Provision must be made to ensure sufficient staffing resources are available to meet children's and young people's needs. Therefore it may be necessary to include specific duties such as supporting personal care needs in job descriptions.

Appropriate aids and adaptations must be readily available to enable a child or young person to be more independent and reduce the need for physical assistance. They must also be available to reduce the risk of injury to the young person and to staff.

The more children and young people there are with continence management issues, the greater the resource implication. Within a school, the teacher or co-ordinator should speak to the SENCO to ensure that additional resources from the school's delegated SEN budget are allocated to ensure that each child's or young person's individual needs are met. With the enhanced staffing levels of provision within the private, voluntary or independent sector, allocating staff to change the children/young people should not be such an issue, although there may be circumstances within an individual foundation setting that merit an application for additional funding being made through the Early Years Support Link Teacher.

Facilities and equipment

Settings (e.g. playgroups) and schools are now admitting younger children, some of whom, by virtue of their immaturity, are likely to have occasional accidents, especially in the first few months after admission. Current DCSF recommendations for purpose built foundation stage units include an area for changing and showering children in order to meet the personal development needs of young children. Regardless of the age of the child or young person a health and safety assessment will identify a requirement for similar facilities in any setting where continence is an issue. There is also evidence that there is a trend for the parents/carers of children/young people with more complex needs to request a place for their child in a mainstream school/setting. A suitable place for changing children and young people should, therefore, have a high priority in any setting's/school's Access Plan. The Department of Health recommends that one extended cubicle with a wash basin should be provided in each school/setting for children with disabilities. A means of ensuring privacy such as a lock or a 'Do not enter' sign (visually illustrated) can be placed on the door to ensure that privacy and dignity are maintained during the time taken to change the child.

All children and young people, and especially those with continence management issues, require ready access to drinking water.

Other facilities/equipment should consider/include:

- Sink with hot and cold water, ideally one with adjustable height
- Changing bed
- Hoist
- Rising changing bed with safety rails (or changing mat – for occasional use for under 5s only)
- Collection of soiled waste/soiled waste facility
- Lockable cupboard
- Disposable gloves
- Disposable aprons
- Plastic bags

- Waste bin
- Disinfectant and disinfectant spray
- Soap
- Paper towels or hand dryer
- Wipes
- Mop and bucket
- The room will need nonslip flooring, adequate ventilation and effective lighting. All surfaces must be readily able to be kept clean
- Enough space to ensure safety and dignity:- A room which is large enough to accommodate a hoist (either ceiling track or portable), a wheelchair, a changing bed and at least two adults. It is not acceptable for older pupils to be changed in toilet areas used by other, main stream students, for the sake of their privacy and dignity. Consideration may be given to installing a closomat type pedestal and side rails.

Child Protection - Providing intimate care

For children and young people in residential care this subject is covered in detail within the ‘Looked After Children – Residential Services – Procedures Manual – Section 3, Quality of Care. Only key points from this guidance are included within this policy document.

It is expected that all personal care requirements will be fully recorded within the young person’s Individual Placement Plan, Positive Handling Plan, or Health Care Plan. These details would only be recorded after full consultation with the young person and their family, so that the individual’s wishes and choices relating to personal care issues are fully and accurately recorded.

The young person’s written plan will also include their preferences for the gender of the Practitioner to provide intimate personal care.

It is expected that personal care, including moving and handling of young people will always be provided sensitively and discreetly, and in a manner which maintains privacy and dignity to the young person as well as their safety and the safety of those supporting them.

Practitioners should be known to the young person. Where possible, newly appointed Practitioners, Relief or Agency staff should only be expected to assist with personal care when they have full knowledge of the Individual Placement Plan/assessment, received direction and instruction from managers/colleagues, and have a professional working relationship with a young person.

In principle, boys and young men requiring physical and intimate personal care should have male Practitioners to support them, if they choose. However, if this is not immediately available, it is accepted that competent female Practitioners will need to provide intimate personal care to boys and young men. However, if a girl or young woman requires assistance with bathing, dressing, using the toilet and menstrual hygiene, then only female

Practitioners should provide this care. Male Practitioners may provide a supporting role if necessary. There may be unplanned or exceptional circumstances to this general principle.

All aspects of personal care should be given in a sensitive and discreet manner, to meet the needs of each young person. Institutional regimes must be avoided, along with any derogatory or humiliating jargon that may be offensive to others.

Privacy must be instilled and encouraged in all practices of personal care including shutting of bathroom and bedroom doors, closing curtains, talking quietly, knocking on doors, and promoting continuity of care by minimising the number of Practitioners involved.

When a young person has been assessed as particularly vulnerable to abuse or is likely to make accusations against Practitioners, then appropriate risk assessments need to be prepared. These may include regular discreet checks by colleagues or the door being kept slightly open.

If a Practitioner is concerned in any way that a colleague is not providing the personal care appropriately, they must raise their concerns immediately with a manager and follow guidance given.

Managers must occasionally carry out monitoring checks to ensure guidance is effective and is being used. These checks will also assist to ensure methods are in place to protect young people and Practitioners.

The normal process of changing a nappy/pad should not raise child protection concerns. There are no regulations that indicate that a second member of staff must be available to supervise the nappy/pad changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for nappy/pad changing and CRB checks are carried out to ensure the safety of children with staff employed in childcare and education settings. This is also the situation that applies when dealing with older children – but dealing with privacy and confidentiality assumes much greater importance.

If there is known risk of false allegation by a child or young person then a single practitioner should not undertake nappy/pad changing or any other type of personal care. A student on placement should not change a nappy/pad unsupervised and should not deliver any other type of personal care.

Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site.

Agreeing a procedure for personal care in the setting/school

Settings/schools should have clear written guidelines for staff to follow when changing a child or young person to ensure that staff follow correct procedures and are not worried about false accusations of abuse. Parents/carers should be aware of the procedures that will be followed should their child need changing whilst in the care of the setting/school.

Written guidelines will specify:

- Requirements for providing spare dry, clean clothing, nappies, etc. – including quantities to be maintained on site (see: ‘Partnership working’ below)
- Who will change the child
- Where changing will take place
- What resources will be used (cleansing agents used or cream to be applied?)
- How the nappy/pad will be disposed of or soiled clothing dealt with
- What methods of good personal hygiene and infection control must be followed at all times including requirements for:
 - o good hand washing before and after assisting with personal care.
 - o use of protective gloves and aprons on each occasion.

- o prompt disposal / washing of soiled articles.
- o thorough washing of all equipment - baths, showers, toilets, taps etc. and cleaning agents/procedures to be used

- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

Schools/settings may also need to consider the possibility of special circumstances arising should a child or young person with complex continence needs be admitted. In such circumstances forward planning is essential in order that clear guidelines and a specific care plan are written for each individual child or young person in consultation with both the parents/carers, the school/setting and the health care provider.

Keys to success

Every effort should be made to ensure that the time spent changing the child or young person is a positive, learning time. For some children and young people achieving continence can be a target delivered through the normal teaching and learning programme.

It is not helpful to assume that a child or young person has failed to achieve full continence because the parent/carer hasn't bothered to try. There are very few parents/carers for whom this would be true. In the unlikely event this is the only reason why the child/young person has not become continent then continence achievement should be uncomplicated if a positive and structured approach is used.

Remember that delayed continence may be linked with delays in other aspects of development - and will benefit from a planned programme worked out in partnership with the child's parents/carers and other professionals who can help with advice and support. The School Nurse or Family Health Visitors have expertise in this area and can support parents/carers to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems. The Specialist Community Child Health Services has produced a helpful publication 'Toileting Issues for Schools and Nurseries' which you may send for (See Further Information and Guidance) to get additional information on continence issues.

Parents/carers are more likely to be open about their concerns about their child's learning and development and seek help if they are confident that they and their child are not going to be judged for the child's delayed learning.

Partnership working

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

The parent/carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and/or a sufficient change of clothing
- 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
- Agreeing to inform the setting/school should the child have any marks/rash

- Agreeing to a ‘needs lead change’ policy i.e. the setting/school would agree to undertake to change the child at the same frequency as when s/he is at home.
- Agreeing to review arrangements should this be necessary

The school:

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to report should the child be distressed, or if marks/rashes are seen
- Agreeing to review arrangements should this be necessary

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the setting/school is taking a holistic view of the child’s needs.

School/setting toilets and toileting

Toilets can be forbidding places that children avoid because of fear or filth. They wait rather than go to the toilet when they need to. They don’t drink because they know it will make them need to use the toilet and they don’t want to go there. In some establishments children must ask for the key, ask for soap or ask for toilet tissue. This is unhealthy and does not support effective learning. **It is unacceptable - toilets must not be no go areas.**

Good toilet design can eliminate these issues. Contact the health and safety team for help/information (See ‘Further information’ for contact details).

Some children have achieved continence management but will need to be able to use the toilet frequently or at short notice. It is not acceptable for children that ask to be allowed to use the toilet during a session/lesson to be denied and made to wait – even for a few minutes, for example until the end of a lesson. This can cause the child or young person to lose control of their bladder, causing unnecessary embarrassment and emotional pain as well as having the potential to cause actual bladder harm. There is a balance to be struck between genuine cases and those that are not. Where a genuine need has been identified, strategies can be employed that support children and young people in accessing facilities without embarrassment or disturbing the class. This includes the use of a discreet toilet pass – a card which is simply signed by the class teacher or Headteacher, laminated for longevity, and given into the care of the child or young person. When the child or young person needs to leave the classroom to use the toilet they place the card on the teacher’s desk, and leave. The teacher knows if the child or young person knows that if the child or young person is not in their place they are using the toilet. On return to the classroom the child or young person retrieves the card, returns to their seat and quietly resumes their work. This strategy has proved to be acceptable to both children/young people and teaching staff in several schools and should be adopted where need is identified.

Further information and guidance:

Toileting Issues for Schools and Nurseries (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator (SEN), Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN or e-mail early.yearssupport@leicester.gov.uk (x4795)

Enuresis Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. Telephone: 0117 960 3060
Website www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of health, PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

Toilet Design – Health and Safety Team.

Email education.healthandsafety@leicester.gov.uk or call 0116 252 7873

Including Me: Managing Complex Health Needs in Schools and Early Years Settings

Jeanne Carlin, Council for Disabled Children £12.50; ISBN: 1904787606

Acknowledgements

Early Years Support Team Promoting Personal Development in Foundation and Key Stage 1 – Continence

Looked after Children – Residential Procedure Manual

Ash Field School

VOICE

UNISON

Leicester City PCT

APPENDIX A

Charnwood Primary School

Policy: Managing Continence

This policy describes the practical arrangements for dealing with children and young people who wet or soil themselves while on the premises, whether during the school/setting day or in before and after hours activities that fall within the control of the school/setting.

For some, continence difficulties are associated with learning development whilst for others this may be the result of a physical disability. At Charnwood Primary School we are fully committed to supporting the management of continence however it may arise. We will be most effective in doing so if we have the support of parents/carers and so would ask them to advise us of any issues or problems that might be expected to arise.

Where difficulties with continence are anticipated, parents/carers must provide a supply of products and dry clothing sufficient to ensure adequate care can be provided. A home/establishment (school/setting) agreement will be made describing the arrangements put in place.

At Charnwood Primary School the process of cleaning a child or young person or changing a nappy or pad will usually be done by a member of staff working alone - except if there is a known risk of false allegation. Where possible we will endeavour to ensure that the member of staff is of the same gender as the child/young person - but this cannot be guaranteed.

However it would only be in an emergency that a male member of staff will be called upon to attend to the personal needs of females.

Establishments should note that the foregoing explains to others what is done is done (policy). The following is a model arrangement for stating who does what (arrangements).

All staff engaged in attending to the personal needs of any pupil including changing when needed must be trained in the processes used. This is the responsibility of the headteacher. Staff should refer any problems or queries to her.

The following guidelines apply for nappy and pad changing, changing soiled clothing, etc.:

- It is good practice, when working alone, to ensure that at least one other member of staff knows where you are and what you are doing.
- A volunteer or a work experience student cannot normally undertake this duty. A student on placement from a relevant course in an FE college may assist a member of school staff if previously agreed in writing by the sending college.
- Children/young people are to be changed in the Disabled Toilet where a changing mat is available.
- Manual handling issues must be taken account of. No child or young person over 10 Kilograms can be lifted or carried. Further restrictions may apply. Ensure that the specific manual handling assessments and procedures are known and understood. These are available from the office.
- Staff will wear disposable gloves and aprons while dealing with the incident. These are available in the disabled toilet (Room 14). They can be used for one incident only (to prevent cross contamination).
- For skin cleansing staff will use products provided by parents/carers – or warm water.
- Soiled nappies and pads are to be double wrapped and disposed of in the grey nappy bin in the toilet
- Soiled clothing is to be double bagged ready for return to parents/carers
- Used wipes, gloves, aprons etc. are to be disposed of in the yellow bin marked ‘surgical waste’.
- The changing mat is to be cleaned and disinfected after every use with disinfectant wipes
- Hands must be thoroughly washed with hot water and soap as soon as the task is completed.
- Children or young people who are seriously soiled and cannot be cleaned using wipes will need to be showered in the shower (Room 15) next to the disable toilet. An alternative shower facility exists in the FS1 base.. The level of supervision by the adult must be appropriate to the developmental stage of the child as well as his/her physical need. A means of ensuring privacy such as a lock or a ‘Do not enter’ sign should be displayed when the shower is in use.
- Children and young people should change into their own clothing whenever possible. If a child or young person has no spare clothing available then spare clothes are kept in the FS1 and FS2 bases.
- All interventions which are not part of a child or young person’s normal routine must be recorded and communicated to parents/carers in writing.
- Sick children and young people should be collected by carers (if they are not at home already) after attention using the school’s/setting’s normal procedures. I.e. making a phone call to the parents/carers to ask for the child to be collected.
- If a child or young person becomes unduly distressed by the experience, a senior member of staff should be called to attend. If necessary the procedure should be stopped and the parents/carers called immediately.

- If staff notices marks or injuries while attending to a child or young person the normal child protection procedures must be followed, i.e. notify the headteacher.

If the site manager is available s/he should be asked to clean up spillages of urine or faeces from the environment outside of the changing facility. If s/he is not on site other staffing arrangements must be in place that can be called upon to deal immediately with contaminants. Any member of staff can be called on to deal with contaminants.

Appropriate materials are kept in the site manager's office.