





Lumen Learning Trust

Learning together for a brighter future

First Aid Policy

Incorporating:
Managing Medical Conditions
Administering Medicines
Intimate Care for Early Years
Protection against Blood Borne Viruses

DATE APPROVED BY LUMEN LEARNING TRUST	17 th June 2022		
REVIEW DATE [Biennial]	17 th June 2024		
SIGNED EXECUTIVE PRINCIPAL	Mary Ellen McCarthy 	DATE	17/06/2022
SIGNED CHAIR OF DIRECTORS	Ray Vango 	DATE	17/06/2022

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Introduction

The Lumen Learning Trust puts the children's needs at the heart of its provision. Our whole school community is committed to enabling the children to become successful lifelong learners and happy, fulfilled adults who can make positive choices about their future.

1. Aims

Lumen Learning Trust's primary concern is to ensure the health and safety of all staff, pupils and visitors.

We are committed to enabling all children and their parents feel fully supported in dealing with any medical issues that arise during their time at a Trust school. It is of utmost importance to us that all children are able to be included and have full access to all aspects of education, including school trips and physical education. With this in mind Senior Leadership Teams and staff will ensure that, in conjunction with advice from parents, arrangements are made to fully support children to manage any medical needs as required. This principle extends to those children unable to attend school due to a serious medical condition. A Headteacher will ensure that all such children receive the appropriate level of support from school staff and outside agencies which may include liaising with hospital schools and specialist Surrey Home Education teams.

Although there is no legal requirement for school staff to administer medicines, staff will do what is reasonable and practical to support the inclusion of all pupils.

In addition, all staff at Lumen schools are aware that it is their responsibility to make sure that their First Aid training is up to date and that they should inform the Office Manager if it is due to, or has, lapsed. Select staff will be fully trained in Paediatric First Aid, including a member of office staff and the Early Years staff team.

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, pupils and visitors
- Ensure that staff and governors are aware of their role and responsibilities with regards to health and safety, first aid and medicines
- Provide a framework for responding to an incident and recording and reporting the outcomes
- Outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- Ensure the safe administration of medicines to children where necessary both on school premises and on school trips and to help to support attendance
- Support individual children with medical needs and ensure the on-going care and support of children with long term medical needs via an Individual Healthcare Plan
- Manage the provision of intimate care
- Clarify the roles and responsibilities of parents in relation to children's attendance during and following illness

2. Legislation and guidance

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel.
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees.
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept.
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils.

This policy complies with our funding agreement and articles of association.

3. Roles and Responsibilities

In schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times.

Beyond this, in all settings – and dependent upon an assessment of first aid needs – employers must usually have a sufficient number of suitably trained first aiders to care for employees and children in case they are injured at the premises. However, the minimum legal requirement is to have an 'appointed person' to take charge of first aid arrangements, provided the assessment of need has taken into account the nature of employees' work, the number of staff, and the location of the school. In Lumen Learning Trust schools appointed first aiders will comprise of office team members.

The roles of specific groups of employees are as follows:

Governors

- To ensure the appropriate level of Public Liability Insurance is in place and appropriately reflects the level of risk of medical needs and conditions within the school.
- Delegates operational matters and day to day tasks to the Head teacher and staff members.

Headteacher

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy.
- To ensure that staff receive appropriate support and training.
- To ensure that parents are aware of the school's First Aid Policy.
- To ensure that this policy is reviewed biannually.
- To ensure appropriate risk assessments are completed and appropriate measures are put in place.
- To ensure that adequate space is available for catering to the medical needs of pupils.
- Reporting specified incidents to the HSE when necessary.

Appointed First Aider/s

- Taking charge in serious incidents when someone is injured or becomes ill.
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment.
- Sending pupils home to recover, where necessary.
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- Keeping their contact details up to date.

Inclusion Lead

- To complete an Individual Healthcare Plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs.

All staff

- To undertake First Aid training regularly.
- To undertake First Aid treatment for minor illness or injury for children and staff as necessary.
- To follow the procedures outlined in this policy using the appropriate forms.
- To share medical information as necessary to ensure the safety of a child.
- To retain confidentiality where possible.
- To take all reasonable precautions to ensure the safe administration of medicines.
- To contact parents with any concerns without delay.
- To contact emergency services if necessary without delay.
- To alert a School Offices if first aid box supplies need replenishing.

- To act in role of Visit Leader where appropriate when on a trip – see Appendix B: Medicines on school trips.
- To inform the Head teacher or line manager of any specific health condition/s or first aid need/s.

Parents/Carers

- To give the school adequate information about their children's medical needs prior to a child starting school.
- To follow the school's procedure for bringing medicines into school.
- To only request medicines to be administered in school when essential.
- To ensure that medicines are in date and that asthma inhalers are not empty.
- To notify the school promptly of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. Asthma.

4. First Aid equipment

A typical first aid kit in our school will include the following:

- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings (e.g. clingfilm)

No medication is kept in first aid kits.

Each school owns at least one automated external defibrillator (AED) in a readily accessible location for use in emergencies. All school staff must complete annual video training regarding the use of the AED.

First aid kits can be typically stored in:

- The medical treatment area within the school office
- The school kitchen
- School vehicles
- Outside classroom

Maintenance of first aid equipment:

- An Appointed First Aider will regularly check that materials and equipment are available, ensuring that new materials are ordered when supplies are running low.
- There is an emergency medication bag that is taken onto the playground at every break time and it is the responsibility of an appointed first aider to regularly check the supplies contained therein.
- There is a residential/trip first aid bag that is taken on any trip off site. It is the responsibility of an appointed first aider to regularly check the supplies contained therein and of the Visit Leader whilst the trip is taking place.
- Any individual personalised medication taken on each day trip/residential is carried separately by the adult responsible for the particular child in question.

5. In-school emergency, accident and illness procedures

Emergency Procedures

In the event of an accident resulting in injury to a child or member of staff:

- The closest member of staff present will assess the seriousness of the injury and, if appropriate, will provide the required first aid treatment.
- The member of staff will assess the injury and decide if further assistance is needed from an Appointed First Aider colleague or the emergency services. They will remain on scene until help arrives.
- The member of staff will also decide whether the injured person should be moved or placed in a recovery position.
- If an Appointed First Aider judges that a member of staff is too unwell to remain on site the next of kin will be contacted.
- If a pupil is too unwell to remain in school, a parent will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents.
 - If the parent cannot be reached and it is deemed that the child requires hospital treatment the emergency services (999) should be summoned. A member of school staff will accompany the child in the emergency vehicle to the hospital.
- The member/s of staff who dealt initially with the accident must complete an accident report on the same day or as soon as is reasonably practical after an incident resulting in an injury.

Calling the emergency services

In case of a major accident, it is the decision of the Appointed First Aider if the emergency services are to be called, in consultation with the Headteacher or nominated deputy if time allows. Staff are expected to support and assist an Appointed First Aider in their decision.

For a child:

- First arrange for the emergency services (999) to be summoned.
- Then contact parent and give all information required:
 - If the parent cannot be reached a member of school staff will accompany the child in the emergency vehicle to the hospital and remain with the child until a parent arrives.
 - Health professionals are responsible for any decisions on medical treatment provision when a parent is not available.

For an adult:

- First arrange for the emergency services (999) to be summoned.
- Then call the next of kin.
 - If the next of kin cannot be reached a member of school staff will accompany the adult in the emergency vehicle to the hospital.

Accident Procedures

All staff are expected to be responsible for the care of the children's health in the school. As such staff would be expected to exhibit the same level of response as would be expected of a careful and prudent parent in similar circumstances. The school has a number of Appointed First Aiders for dealing with accidental injury.

- At break times, staff members supervising the children will deal with minor injuries in situ wherever possible.
- Where a staff member requires further support to treat a child, the child will be sent/taken to the medical treatment area in the school office.
- Parents will be notified of any head injuries, however minor, on the day of the injury.

General Illness

In the event of an illness occurring during the school day; the school will make every effort to contact the parents, or a designated carer, with the view to the child going home. Parents are responsible for providing the school with emergency contact numbers and for updating these as necessary. Parents must be ready and willing to remove an ill child or make arrangements for care elsewhere. No child will be sent home alone or with another minor (e.g. older sibling) when ill.

- Children who feel unwell should be sent to the school office.

- Monitoring of unwell children will be the responsibility of the administrative staff and the Headteacher, or nominated deputy.
- For children with individual medical needs teaching staff will be made aware of any such cases in their class. In the event of illness, individual plans will be followed where required. Relevant information will be kept in the office and in the appropriate classroom.

School attendance during or after an illness

Attendance is very important and children should only be absent from school if they are very unwell.

- Symptoms of vomiting or diarrhoea will require a child to be absent from school and not to return until 48 hours from the last episode.
- Children who have symptoms of illness which may be contagious should be seen by a doctor before coming into school.
- Further information can be obtained from - the Public Health England 'Guidance on infection control in schools and other childcare settings'.

6. Offsite emergency, accident and illness procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A portable first aid kit
- Information about the specific medical needs of pupils and personal medications

Risk assessments will be completed by the Visit Leader prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits involving Nursery and Reception Year children, as required by the statutory framework for the Early Years Foundation Stage.

Emergency Procedures

The in-school procedure will apply to all off site activities with the Trip Leader responsible for carrying out the necessary actions.

Accident Procedures

All staff on the trip will be expected to administer care to a child (or adult) using the materials contained within the First Aid kit bag that is taken on every trip. The parent of a child will be notified of any minor accident when collected from the school premises following the trip.

General Illness

We would expect parents to exercise their caution and not allow their child to attend a trip if they appear unwell prior to the trip departing. If a child presents as unwell once a trip has begun and the trip is in close proximity of the school a parent may be contacted to collect their child. In other circumstances the child will be made as comfortable as possible by staff until they have returned to the school site and can be collected by their parent.

Administering medicines

Please see Appendix B for further information.

7. Good Hygiene Practices

Animals

Animals may carry infections, so hands must be washed after handling any animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed as well as the Lumen Animals in the Learning Environment policy.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc., we will look at the child's arms or legs and other readily visible parts of the body such as face and neck. A chest or back will not usually be looked at and only will be if the suspected condition cannot be confirmed by looking at the readily visible parts of the body. In this instance a child will be asked if they consent to an adult looking. If consent is given this will be done by a First Aider with an additional adult present.

Cleaning of blood and body fluid spillages

All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately and always wearing protective equipment (PPE). When spillages occur, these should be cleaned using a product that combines both a detergent and a disinfectant. Mops should never be used for cleaning up blood and body fluid spillages – disposable paper towels should be used. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Cleaning of the environment

Cleaning of the environment, including toys and equipment, should be frequent and thorough.

Clinical Waste

Used nappies/pads are stored in an appropriate nappy waste bin. Gloves, aprons and soiled dressings should be stored in the correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor.

Coughing and sneezing

Coughing and sneezing easily spreads infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Hands should be washed after using or disposing of tissues.

Cuts

All open cuts should be cleaned with water and assessed by a First Aider to determine if a covering is necessary. Minor cuts should be recorded. Severe cuts should be recorded and a parent called. Anyone treating an open cut should use rubber gloves.

Handwashing

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea, vomiting or respiratory disease. All staff should regularly remind children to use liquid soap or foam, warm water and paper towels and to always wash hands after using the toilet, before eating or handling food, and after handling animals.

Head injuries

Any bump to the head, no matter how minor is treated as serious. A parent or carer will be informed on the same day as the injury. The adults in the child's class room should be informed so that they can keep a close eye on the child. For more significant head injuries a parent will be called and asked to collect their child if necessary. All bumped head accidents should be recorded.

Headlice

Staff do not touch children nor examine them for suspected headlice. If a member of staff suspects a child to have headlice we will have to inform parents/carers. A standard communication will be sent home with all the children in that year group where the suspected headlice incidence is.

Personal Protective Equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-marked gloves are available for use.

Sharps disposal

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Sharps injuries and bites

If skin is broken, encourage the wound to bleed and wash thoroughly using soap and water. An individual should contact their GP or occupational health or go to A&E immediately depending upon the severity of the injury.

Sunscreen

Parents are encouraged to provide a hat and sun block for children during the summer months. High factor sunscreens are available which are long lasting and will provide protection for children through the lunch period even when administered in the morning. Staff will apply sunscreen in exceptional circumstances (i.e. there is extreme sensitivity to the sun) and only if a pupil medication form has been completed and submitted by the parent.

8. Record-keeping and reporting

First aid and accident record

- An accident record will be completed by the first aider who dealt with the accident on the same day or as soon as possible after an incident resulting in an injury.
- As much detail as possible should be supplied when reporting an accident, including all of the information contained in the accident record.
- Records held will be retained by the school, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
 - For staff: + 6 years from date of accident
 - For children: DOB + 25 years

Reporting to appropriate external bodies

An appointed First Aider will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

An appointed First Aider will record any incidents as soon as is reasonably practicable and in any event within 10 days of the incident using the OSHENS reporting structure. Please see Appendix D for details on the process followed.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Where an accident leads to someone being taken to hospital.
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

Notifying parents

An appointed First Aider will inform parents of any significant accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

9. Training

- All school staff must be prepared to undertake first aid training and renew the training at regular intervals.
- All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. Each school will keep a register of all trained first aiders, what training they have received and when this is valid until.
- At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

10. Complaints

Should there be cause for a complaint to be made then the procedures to follow are outlined in our school complaints policy. However, in the first instance a member of the school office should be informed (instead of contacting the child's class teacher). The relevant information relating to the complaint will then be escalated to the Office Manager and dealt with accordingly.

APPENDIX A: SUPPORTING & MANAGING PUPILS WITH MEDICAL CONDITIONS

Parents, as defined in the Education Act 1996, are a child/young person's main carers. They are responsible for making sure that their child is well enough to attend the setting and able to participate in the curriculum as normal. However, General Practitioners (GPs) may advise that child/young people should attend or recommence school / setting while still needing to take medicines. In other cases, to enable child/young people with a chronic illness to lead as normal and happy a life as possible, it may be necessary for them to take prescribed medicines during setting hours.

If a child's health needs are likely to affect their normal participation in school life, then it is the responsibility of the parents to inform the school of this fact. This should be detailed on the local authority admissions application form as well as the local school's data collection forms when applying to the school, or for subsequent developments, by letter.

Settings cannot plan effective support arrangements unless parents provide sufficient information about their child's medical condition and any treatment or special care needed at the setting, at the admission stage, and keep the setting informed of any new or changing needs.

If there are any special religious and/or cultural beliefs, which may affect any medical care that the child/young person needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing. Such information should be kept in the child/young person's personal file at the setting for as long as necessary with updates in consultation with the health nursing team. Parents and setting management need to reach agreement on their role in helping with the child/young person's medical needs. Ideally, the headteacher should seek parental agreement before passing on information about the child/young person's health to other setting staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a child/young person.

Children at school with medical conditions, in terms of both physical and mental health, will be properly supported in school, in line with the Department for Education 'Supporting pupils at school with medical conditions', allowing those children to access and enjoy the same opportunities at school as any other child. All supply staff and visitors who will be working with children must be issued with a copy of details of children with specific ongoing medical needs and any procedures or plans in place to cover those needs.

In making their arrangements for these children, the school will:

- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. The focus is therefore on the needs of each individual child and how their medical condition impacts on their school life.
- Give parents and pupils confidence in our ability to provide effective support for medical conditions in school, including an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
- Ensure that staff are properly trained to provide the support that pupils need.
- Policies, plans, procedures and systems will be properly and effectively implemented to ensure that the arrangements put in place are sufficient to meet any statutory responsibilities.
- An Appointed First Aider from the office staff team will liaise with the Headteacher and class teacher to ensure that any outside agencies are contacted and involved as required. This may include The Virtual School, Hospital school rooms and Surrey County Council.
- Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those children being treated for leukaemia or other cancers, on high doses of steroids or with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to any of these, the parent/carer should be informed promptly and further medical advice sought.

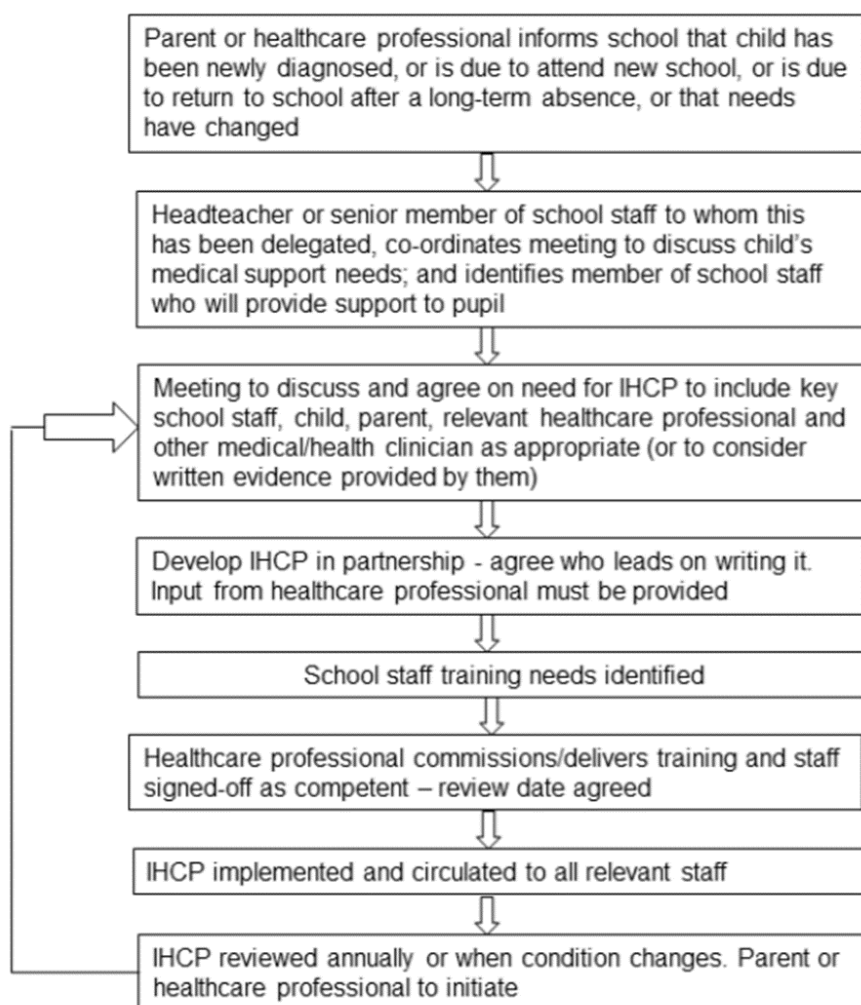
Individual Healthcare Plans (IHCPs)

Children with serious illnesses with more complex needs, e.g. Epilepsy, Anaphylactic Allergies and Diabetes will have an Individual Healthcare Plan (IHCP) in place.

The plan will be developed by staff and the Headteacher in conjunction with parents and relevant healthcare professionals. The plan will take into consideration the child's best interests as well as ensuring that the school setting assesses and manages risks to the child's education, health and social well-being whilst minimising disruption to all.

A plan will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Schools will follow gov.uk's model process for developing IHCP's as seen in the flow chart below:



Information which may be recorded on individual healthcare plans will include:

- Medical condition, its triggers, signs, symptoms and treatments;
- Child'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, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, 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 child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide the support, any identified training needs, expectations of the staff role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when the member of school staff is unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or supervised self-administering 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 child can participate, e.g. risk assessments.
- 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 individual healthcare plan.

Procedure for children with health needs who cannot attend school

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

The school in conjunction with the local authority, health professionals, commissioner and other support services will work to ensure that the child with a medical condition/s receives a full education. The child will likely have an individual healthcare plan put in ensure the support put in place is documented and accessible to all.

In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. The school will work with all necessary agencies to ensure that the plans put in place for a child are relevant, appropriate and realistic in expectation.

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 local authority to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively including arrangements for any staff training or support. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

For more information please refer to the DfE statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs', published January 2013.

Asthma

Children with Asthma do not usually require an IHCP. Children will be assessed on an individual basis.

- In order for children's Asthma pumps to be kept in school a Pupil Medication Request form must be completed, obtainable from the school office or via the school website.
- The completed form will then pass to the person responsible for medicine at school who will inform classroom staff and any other key school staff about the child's needs regarding the asthma pump and its usage.
- It is the parents/carers responsibility to provide the school with up-to date Asthma Pumps for their children and keep a record of when the medication expires.
- Asthma pumps should only be used by the person who it has been prescribed for, and clearly labelled with the child's name. Asthma sufferers should not share inhalers.

Generic emergency salbutamol asthma inhaler:

In accordance with Human Medicines Regulations, amendment No2, 2014, a school *can but is not statutorily required* to be in possession of a 'generic' asthma inhaler/s, to use in an emergency. This inhaler can be used for pupils who are on the school's Asthma register and can be used if pupils' prescribed inhaler is not available (for example, if it is broken or empty). The emergency inhaler and spacer will usually be stored in the school office and is clearly labelled inside their original packaging. If a school possesses a generic inhaler parents of asthma sufferers are asked for their consent to administer a generic inhaler in an emergency if required.

In case of an emergency:

An adult needs to be sent to get the asthma inhaler while a First Aider remains with the child. Once the inhaler has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose of inhaler (how many puffs have been administered). This needs to be recorded as an administration of medicine.

Adults may also use the inhaler in an emergency and should follow the above instructions on recording the use of the inhalers. When the emergency inhaler has been used, an Appointed First Aider should be notified.

Anaphylaxis

Children with anaphylaxis require an IHCP.

- In order for children's epipens to be kept in school a Pupil Medication Request form and an Anaphylaxis Care form must be completed, obtainable from the school office.
- The completed form will then pass to the person responsible for medicine at school who will inform classroom staff and any other key school staff about the child's needs regarding the epipen and its usage.
- Two epipens must be provided by a parent/carer – one to be stored in the school office and one to be stored in the child's classroom which is taken with them as they move about the school during learning and break times.
- It is the parents/carers responsibility to provide the school with up-to date epipens for their children and keep a record of when the medication expires.
- Any epipen can be used by any child who requires it in an emergency situation.

Generic emergency epipens:

The school is in possession of 'generic' epipens, to use in an emergency. These epipens can be used if a pupils' prescribed epipen is not available for any reason. The emergency epipens are stored in the school office. They should be stored inside their original packaging and clearly labelled for Key Stage 1 and Key Stage 2 as dosages are different.

Schools may administer their "generic" epipen, obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the generic epipen has been provided. A school's generic epipen can be administered to a pupil whose own prescribed epipen cannot be administered correctly without delay.

If a child presents with suspected anaphylaxis but does not have a known anaphylaxis condition, the emergency services (999) should be summoned immediately and an Appointed First Aider should follow the guidance given by emergency service personnel without delay.

In case of an emergency

Once the epipen has been administered, (older children can administer it for themselves under supervision) the First Aider needs to record the time and dose. This needs to be recorded on the administering medicine form also.

Adults may also use the epipens in an emergency and should follow the above instructions on recording the use. When the emergency epipens have been used, the staff member responsible for First Aid and Medicine should be notified.

Wraparound Care

A separate inhaler/epipen must be provided by a parent to wraparound care provisions without exception.

Example Individual Healthcare Plan

Name of school/setting	
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
1st Telephone Number	
2 nd Telephone Number	
Home Telephone Number	
Name	
Relationship to child	
1 st Telephone Number	
2 nd Telephone Number	
Home Telephone number	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P	
Name	
Phone no.	

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.

See attached Pupil Medication Request form

Daily care requirements and who will support these

--

Specific support for the pupil's educational, social and emotional needs and who will provide this

--

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 (*i.e. school, parents, outside agencies, etc.*)

--

All staff are first aid trained, if however addition staff training is required then the details are listed below:

Staff Name:	Training Attended:	Date:

All staff who agree to administer medication to a child, given the full agreement of the parents and school, are covered by the school's membership to the Department for Education's Risk Protection Arrangements (RPA)

Agreed and signed on behalf of the school by:

Name: _____ Position: _____

Agreed by the parents of _____ (Copy of the Care plan will be provided)

Name: _____ Signature: _____

Example Pupil Medication Request Form

Dear Parent / Carer, please complete and return the attached form confirming you give consent for a member of staff to administer paracetamol or antihistamine to your child if required. Please return this form to the office as soon as possible.

PUPIL MEDICATION REQUEST

Child's Name:

Parent's surname if different:

Condition or Illness:

Contact Details

Contact 1 Name:		Contact 2 Name:	
Relationship to child:		Relationship to child:	
Home Telephone:		Home Telephone:	
Work Telephone		Work Telephone	
Mobile Telephone		Mobile Telephone:	

GP Name: **Location :** **Telephone:**

Please tick the appropriate box

☐ I agree to members of staff administering age appropriate Paracetamol (e.g. Calpol) or Antihistamine if required.
(A member of staff will always contact the parents first)

☐ I agree to members of staff administering medicines/providing treatment to my child as directed below

☐ My child will be responsible for the self-administration of medicines as directed below

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant. I will ensure that the medicine held by the school has not exceeded its expiry date.

In the case of a 'course' of medicine such as antibiotics, I understand it is my responsibility to ensure the medicine is collected at the end of each school day

Signed **Date**

Name of medicine	Dose	Time required	Completion date of course	Expiry date of medicine
Other prescribed medicines taken at home				

NB: Medicines must be in the original container as dispensed by the pharmacy and clearly labelled with the child's name.

Special Instructions & Allergies:

<p>NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses which have to be taken several times a day accordingly</p>
--

APPENDIX B: ADMINISTERING MEDICINES

The Trust has adopted the Guidelines issued by Surrey County Council in relation to Supporting Pupils with Medical Conditions. These guidelines are more comprehensive and detailed and should be referred to for more information. (Please see our Lumen Learning Trust policy webpages).

Safe administration of medicines at school

- Medicines should only be brought to school when essential and for chronic illnesses and where it would be detrimental to the child's health if the medicine were not administered during the school day.
- Only prescribed medicines in the original container labelled with the child's name and dosage will be accepted in school.
- Parents must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers.
- To ensure it is possible to administer age appropriate paracetamol, a parent must have given prior written consent including the time at which the previous dose was administered.
- Medicines will not be accepted in school that require medical expertise or intimate contact, unless the child has a serious medical condition and then relevant training will be sought.
- All medicines must be brought to the school office by an adult. Medicines must never be brought to school in a child's possession.
- The adult is required to complete a Pupil Medication Request form for the medicine to be administered by school staff. The form can be found in hard copy format in the school office or online in the Letters & Forms section of the school website.
- A new consent form must be completed if a new medicine is to be administered, or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.
- Administration of medicines at school must be recorded on the appropriate medication record.
- Parents may come to the school office to administer medicines if necessary.
- Some children may self-administer medication with supervision, e.g. insulin, if this has been directed by the parents when filling in the appropriate Medication request form or Individual Healthcare Plan.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed as soon as possible on the same day so alternative options can be considered.

Storage of Medicines

- All medicines should be stored in the original container, be properly labelled with the child's name.
- Medicines that require refrigeration, should be stored in a dedicated locked medicine refrigerator, or the refrigerator is sited in a secure location to compensate for the impracticability of locking it. If this is not possible, medicines should be kept in a locked box in the refrigerator. Refrigerators should be between 2 and 8 degrees C, with temperatures routinely monitored.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment used which may be contaminated with body fluids.
- Epi-pens should be stored in the relevant classroom and another in the school office and all staff made aware of their position. A child's Epi-pen should follow a child around the school site as necessary.
- For severely asthmatic children inhalers can be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities. This will be discussed with parents on an individual needs basis when an Individual Healthcare Plan is completed.
- Medicines should only be kept while the child is in attendance.
- Parents are responsible for collecting medicines once a course has been completed and at the very least at the end of each term.
- It is the responsibility of the parent/carer to ensure any medication kept at school for their child is within date – Epi-pens, Inhalers, Medication, Creams – and replaced if the date has expired.
- A record of the amount held of controlled drugs should be kept.

Procedures for managing prescription medicines

- School is able to administer one dose of antibiotics a day, where four doses per day are required, with the exception of children who are attending a long session at the After School Club.

- Where antibiotics are needed three times per day, the expectation is that these are given outside normal school hours – before school, after school and before bedtime.
- School is not able to guarantee the administration of medication at an exact time that a parent requests, with the exception of pupils when this is part of a care plan and/or when a time has been stipulated by a GP.
- Antibiotics will be administered during the school lunch break, typically between 12pm and 1pm, with the exception of prescriptions with exact timings from a GP.
- All oral medication should be given in the school office unless a member of the SLT has agreed otherwise.
- Inhalers and creams that have been provided by parents can be given by the class teacher in the class room if the parent has given permission for this.
- Medications such as Calpol and cough medicine will also be administered during the school lunch break, typically between 12pm and 1pm, with the exception of pupils who present with symptoms during the school day that require a dose (following consent from parents).
- All medications should include a syringe or spoon as necessary.

The school recognises that every child is different. Should a parent or carer have a particular request regarding the administration of a medication they should speak with the school Office Manager in the first instance who will refer to a member of the Senior Leadership Team if necessary.

Non-prescribed medicines

- Schools will have written procedures regarding the administration protocol in place for non-prescription medicines kept on site e.g. paracetamol, antihistamine. This will include the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal.
- The parent should consent to the administration of non-prescription medicines in appropriate doses using a pupil medication form which includes written instructions about when the child should take it.
- The administration protocol will include the requirement to check when a child had their last dose of the specific medicine and to ensure the child has not already had the maximum amount in 24 hours; e.g. Paracetamol should not be administered if taken within the last 4 hours and no more than 4 doses in a 24 hour period.
- Staff will ensure the medicine manufacturer's instructions and warnings are followed.
- A member of staff will supervise the child taking the medication and notify parents on the day it was taken/administered. Administration must be recorded.
- Parental consent should be renewed at least annually.

Procedures for recording the use of medicines

- Office staff will record all medicines for the day in the relevant database and advise teaching staff of the children to be sent to the office for their medication. The teacher should send the children to the office before lunch (unless another time has been agreed). Where the teacher is not in class, it is the responsibility of the class TA to action this.
- The designated member of staff should not sign the medicine record book unless they have personally administered, assisted, or witnessed the administration of medicines.
- Before administering medicine all staff should ask the child "what is your name", thus checking that the correct medicine is given to the correct child. In all circumstances wherever possible a member of staff should administer medication with a second member of staff present.
- When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or parents.
- Medicine should be administered from the original container or by a monitored dosage system such as a blister pack.
- All early years settings (Nursery and Reception Year aged children) must keep written records of all medicines administered to children and make sure that parents sign either in person or electronically on the day the medicine was administered to acknowledge the administration took place.

Instruction and training for staff

Specific instructions and training are given to staff before they are required to assist with or administer medicines or medical procedures. This includes the identification of tasks that should not be undertaken.

Such safeguards are necessary both for the staff involved and to ensure the well-being of the child. Even administering common medicines can sometimes be dangerous if children are suffering from non-related illnesses or conditions.

Medicines on school trips

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips and include details on the Risk Assessment form. Staff should discuss any concerns about a child's safety with parents.

- The Visit Leader of a trip is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place and ensuring that relevant medicine e.g. asthma inhalers, are carried as required. A copy of any relevant Individual Healthcare Plan should be taken on the trip.
- The staff members on the trip will administer any medicines required and record the details on the Pupil Medical Record form.
- The Visit Leader will return the Pupil Medical Record forms to the school office and return any unused medicine to the relevant parents on return to school.

APPENDIX C: INTIMATE CARE IN AN EARLY YEARS SETTING

Aims

It is our intention to develop independence in each child; however there will be occasions when additional help is required. Our Intimate Care Policy has been developed to safeguard children and staff.

It is one of a range of specific policies that contribute to our provision of pastoral care and the principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Changing clothes
- Toileting
- First aid and medical assistance
- Supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

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

School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Consent forms are signed by the parent and stored in the medical records file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least half yearly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to one of their school's Designated Leader for Safeguarding and Child Protection (DSL).

Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

Adhering to the following guidelines of good practice should safeguard children and staff:

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Care should not be carried out by a member of staff working alone with a child. Two staff members should always be present.
- Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any incidents where a child has received intimate care are reported to parents.
- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school communication notebook, or a more formal record kept in the case of pupils with specific medical needs. In this instance the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in school.
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

Working With Children Of The Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female member of staff.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- Two members of staff must be present.
- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to a DSL and make a written record.
- Parents must be informed about any concerns.

Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response
- treat the child as an individual with dignity and respect.

Forms to support Intimate Care, to be used as required

Form 1: Record of other agencies involved

Child/young person's name: **Date of birth**

Name and role	Contact address, phone and email
Parent/carer	
Area sector improvement advisor	
Case officer	
Continence adviser	
Educational psychologist	
GP	
Home Care Team (community paediatric nurse)	
Hospital consultant	
Occupational therapist	
Physical and Sensory Support	
Physiotherapist	
School nurse / health visitor	
Social worker	

Form 2: Personal care management checklist

(to inform the written personal care management plan)

Child/young person's name: **Date of birth**

Facilities	Discussed	Action
<p>Suitable toilet identified?</p> <p>Adaptations required?</p> <ul style="list-style-type: none"> • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Lever taps • Disposal unit • Moving and handling equipment • Bleeper/emergency help 		

Family provided supplies:	Discussed	Action
<ul style="list-style-type: none"> • Pads • Catheters • Wipes • Spare clothes • Others (specify) <p>School/setting provided supplies:</p> <ul style="list-style-type: none"> • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Milton/sterilising fluid • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bags 		

<p>Staff training/communication</p> <ul style="list-style-type: none"> • Advice sought from medical personnel? Manual handling adviser? • Parental/carer involvement in the management plan • Child/young person's involvement in the management plan • Any parental/child/young person's preference for gender of carer • Specific training for staff in personal care role • Awareness raising for all staff • PE staff <p>Other children and pupils?</p> <ul style="list-style-type: none"> • Consult child/young person, respect privacy • How does the child/young person communicate needs? 	<p>Discussed</p>	<p>Action</p>
--	-------------------------	----------------------

<p>PE issues to enable access to all activities</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist nurse? • Manual handling adviser? 	<p>Discussed</p>	<p>Action</p>
--	-------------------------	----------------------

<p>Support</p> <p>Identified staff</p> <p>Back up staff</p> <p>Training for back up staff</p> <p>Time plan for supporting personal care need</p>	<p>Discussed</p>	<p>Action</p>
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Form 3: Personal care management plan

(developed from the personal care management checklist)

Child / young person's name:	Date of birth:	Condition:
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Details of assistance required:

Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

Staffing		
Regular	Name	Time plan
Back up		

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This current plan has been agreed by:

Name

Role

Signature

Date:

Date for review:

Form 4: Toileting plan

Record of discussion with parents/carers

Child/young person's name:	Date of birth:	Date agreed:
-----------------------------------	-----------------------	---------------------

	Details	Action
Working towards independence: Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
Arrangements for nappy/pad changing: Such as who, where, arrangements for privacy		
Level of assistance needed: Such as undressing, dressing, hand washing, talking/signing to child/young person		
Infection control: Such as wearing disposable gloves, nappy disposal		
Sharing information: Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice		
Resources needed: Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		

Signed: Parent: Key member of staff:	Review date:
---	---------------------

c.c. Parent/carer

Form 5: Record of personal care intervention

Child/young person's name:

[illegible]

Form 6: Agreement of intimate care procedures for a child or young person with complex needs

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child/young person's medical health record.

Child/young person's name.....

Procedure.....

.....

.....

Staff carer's name.....

Staff carer's signature..... Date.....

Parent/carer and/or professional

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed.....Date.....

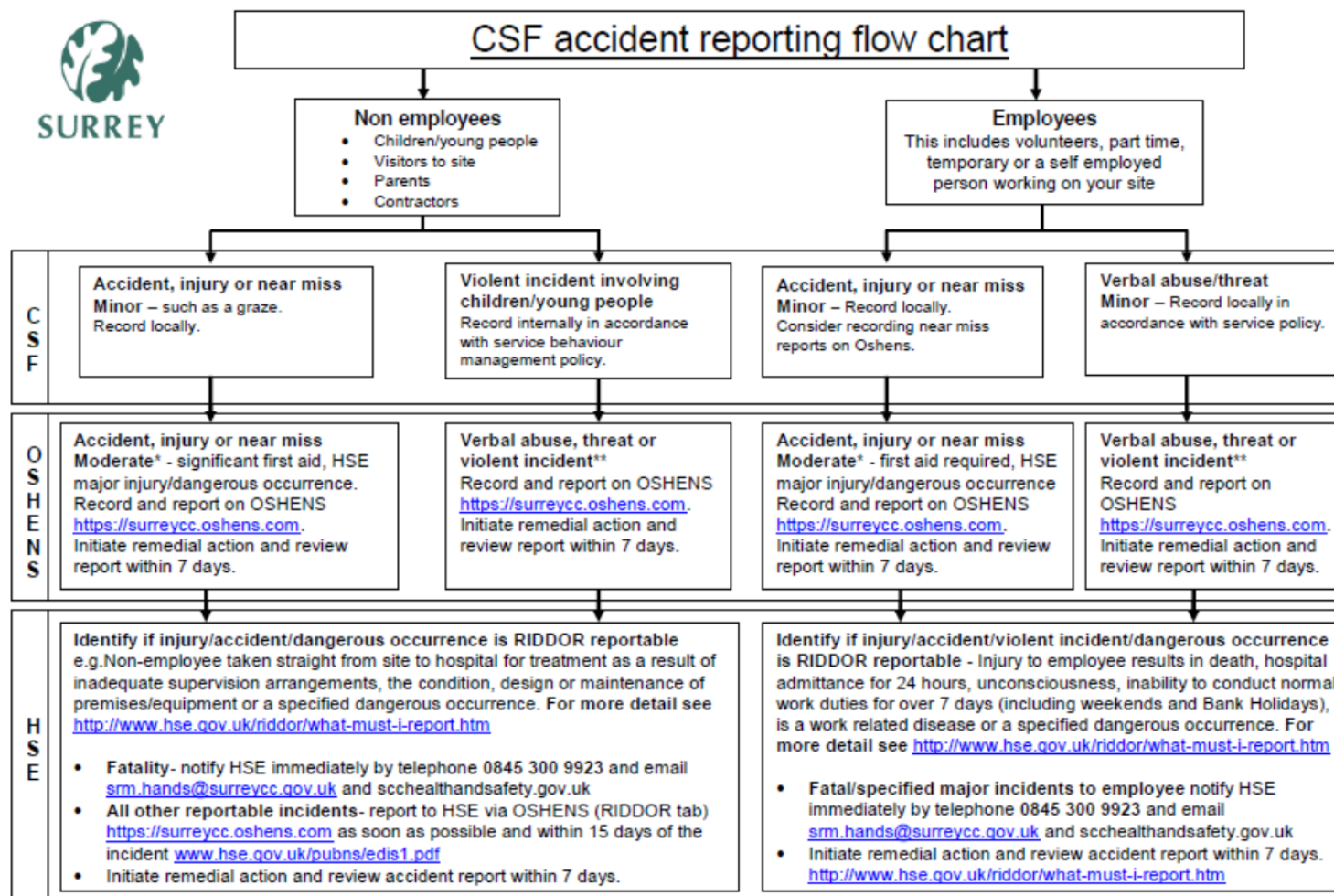
Designation.....

Date reviewed.....Autumn term

Date reviewed.....Spring term

Date reviewed.....Summer term

APPENDIX D: SURREY ACCIDENT REPORTING FLOW CHART



The reporting and reviewing of incidents to SCC through OSHENS is mandatory for community and voluntary controlled schools

- Adult (18yrs plus) accident records need to be kept for at least three years
- Children/young people accident records need to be kept for three years from their 18th birthday.

For further assistance contact sm.hands@surreycc.gov.uk or call Strategic Risk Management on 020 8541 9617 or 7569

Strategic Risk Management V1 May 2018

What should I report on OSHENS?

- Accidents that cause injury, ill health or damage to anyone.
- Dangerous occurrences and near misses that could have resulted in a significant injury.
- Incidents of severe abuse, threats to staff and physical assault

* **Moderate injuries** involving children/young people are those where significant first aid is provided; so sprains, strains, head bumps***, fractures, serious cuts

* **Moderate injuries** involving employees are any (apart from minor injuries) that require first aid

** **Verbal abuse** – employees should report incidents of verbal abuse where it has a significant impact on them and where they feel threatened.

*** Head injury in children and young people – advice for parents and carers leaflet available from SCC.

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

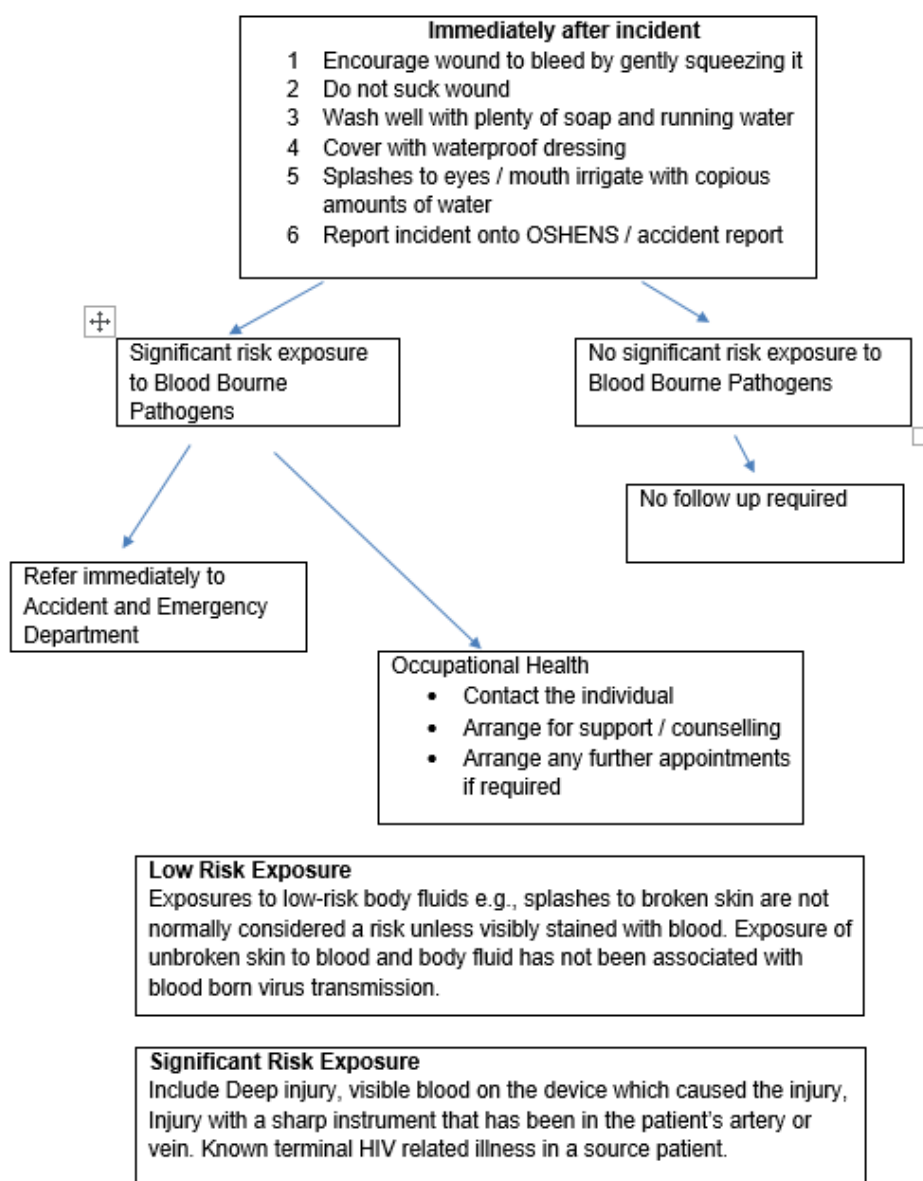
APPENDIX E: SURREY GUIDANCE FOR SCHOOL STAFF FOR PROTECTION AGAINST BLOOD BORNE VIRUSES

In May 2022 Surrey County Council published guidance for staff employed in Surrey schools with the aim to prevent occupational acquired infection from blood-borne viruses (BBV).

The guidance outlines:

- Responsibilities for preventing blood borne viruses
- Recommendations to reduce incidents where there is a risk of blood borne virus infection
- Hepatitis B vaccination
- The procedure for staff following a sharps or splash injury

Surrey's Process Flow for Injuries and Occurrences that carry a risk of exposure to blood borne virus:



This guidance can be read in full via www.lumenlearningtrust.co.uk>About Us> Lumen Learning Trust Policies> DfE & Local Authority Policies.