

The Tapscott Learning Trust Supporting Pupils with Medical Conditions

(inclusive of administering medicines and intimate care)

Approved: Autumn 2025

Approved by: Safeguarding, standards and curriculum committee

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Links to other policies

**Safeguarding, SEN and Disability, Equality objectives and information, Accessibility plan,
Health and safety including First aid, Procedure to prevent the spread of infection, Complaints**

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- All children who require intimate care are treated respectfully at all times, the child's welfare and dignity is of paramount importance.

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with or exposure of the genitals.

All staff who provide intimate care to children have a high awareness of Safeguarding issues and are aware of the need to undertake their duties in a professional manner at all times.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework for the DFE.

This policy complies with statutory safeguarding guidance.

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

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility, however, this has been delegated to the Trust Senior Leadership Team and School Leaders to make arrangements to support pupils with medical conditions.

3.2 TTLT SLT

TTLT SLT will review the policy and monitor this through Trust systems and procedures

3.3 The headteacher

The Headteacher will implement this policy by:

- Appointing a nominated Senior Leader, such as the Inclusion Leader/SENCO to manage the implementation of this policy.
- Make sure all staff are aware of this policy and understand their role in its implementation
- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to support pupils with medical conditions, including in contingency and emergency situations
- Developing, with the appropriate professionals, and monitoring individual healthcare plans (IHPs)
- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010.
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines and training will be provided for this purpose.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 Parents

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide a change of clothes, pull-ups and wipes
- Parents/carers to also share relevant information regarding any intimate matters as needed.

3.5.1 Seeking parental permission

When children require personal or intimate care (including, but not limited to, assistance with toileting or managing toileting accidents), the school will assume the duty of loco parentis. Parents/guardians will be informed of any such incident or routine care as soon as practically possible.

For children whose needs are more complex or who need particular support an intimate care plan will be created in discussion with parents/carers.

3.5.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed at least annually, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

3.5.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

5.1 EYFS and Mid-Phase Admissions

For new starters, an admissions form will be completed after their place at the school has been confirmed, but before their first school year/day starts, to confirm if the pupil has a medical condition.

See Appendix 1.

We ask that parents/carers proactively inform us if their child's medical needs change.

6. Individual healthcare plans (IHPs)

The headteacher, and/or their appointed leader, has overall responsibility for the development of IHPs for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If

there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The Headteacher or staff member with delegated responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. distances between the classrooms, learning areas and the use of stairs.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies.
- If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Intimate care procedures

7.1 How procedures will happen

- The school will, where possible, have 2 members of staff present when carrying out intimate care.
- The staff are supported to adapt their practice in relation to the needs of individual children and by using the child's preferred means of communication e.g. verbal, visual or symbolic so that the child is aware of each procedure that is carried out and the reasons for it.
- Staff will encourage each child to do as much for themselves as they can.
- Staff will work in close partnership with parents/carers and other professionals to share sensitive information only with those who need to know and provide continuity of care.
- All staff will follow Health and Safety guidelines such as wearing disposable gloves, wiping down the nappy changing mat and when disposing of waste products, such as soiled nappies.
- All children who have personal care needs, will be attended to in a designated and private area within the school.
- Children will be encouraged to wash their hands after each nappy change/toilet training session to promote good hygiene practice.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, nappy bags, wipes, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at

the end of the day.

Parents will work alongside school staff and other external agencies to establish toilet training routine.

7.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead/Deputy Safeguarding Lead/Head Teacher.

If a child becomes distressed, unhappy or makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the matter or allegation will be investigated according to the school's safeguarding procedures.

8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

8.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and

procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

8.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Administer, or ask pupils to administer, medicine in school toilets

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

10. Training

10.1 Medical Care

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed, where appropriate.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher or member of staff that the headteacher has delegated responsibility. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10.2 Intimate Care

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

11. Record keeping

The Headteacher will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Securely hold this information in accordance with the UK GDPR

12. Liability and indemnity

The Trust will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The Trust will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

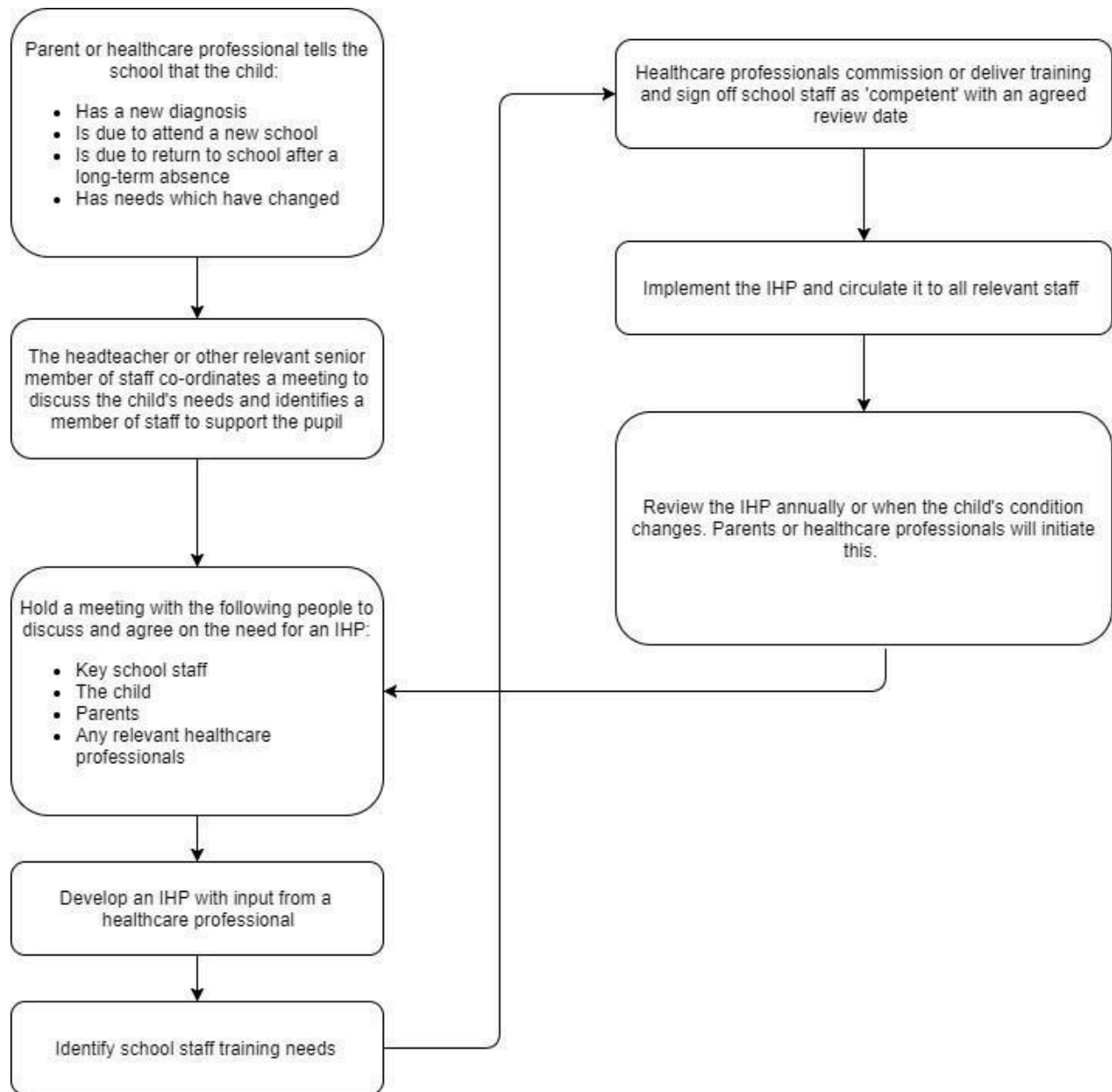
13. Complaints

Parents with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher or member of staff that the headteacher has delegated responsibility to in the first instance. If the headteacher or member of staff that the headteacher has delegated responsibility to cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed by the Trust, delegated to the Senior Leadership Team in line with the policy review cycle.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed yearly.

Next review date:

To be reviewed by