



***Managing the Needs of Pupils with Medical Conditions
& Needing Intimate Care Policy***
issued by the Governors of Milton Mount Primary School



Effective from: April 2018

Signed by: Lesley King

Next review date:

The Pupils with Medical Conditions and Needing Intimate Care Policy reflects the UN Convention on The Rights of the Child (CRC) by supporting these Articles:

Article 23: Children who have any kind of disability have the right to special care and support

All children and young people have the right to be safe and happy. When a child or young person has a disability, people should make sure it does not get in the way of this. They should do this no matter what that disability is.

Medical Conditions

Some medical needs may affect the young person's ability to easily access all the educational and other opportunities offered to pupils in school. In this case, the young person may be described as having a disability: that is a physical or mental impairment which has an effect on the ability to carry out normal day-to-day activities. In this case the young person is protected by the special educational needs and disability act whose purpose is to prevent discrimination.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines nor care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that Milton Mount will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, Milton Mount will establish relationships with relevant local health services to help them. It is crucial that Milton Mount receives and fully considers advice from healthcare professionals and listens to and values the views of parents and carers.

Milton Mount will not discriminate or provide less favourable treatment for a pupil with a disability. For example, arrangements for admission to school, including the hours and sessions attended, must be the same as for other non-disabled peers. Provision for enabling a soiled (or wet) child to be made clean and comfortable must be safe, discreet and quickly implemented in order to avoid the child being placed in substantial disadvantage relative to others.

Incontinence difficulties and intimate care

Not all children achieve reliable bladder and/or bowel control before being ready to enter a reception class. Usually children can be helped to achieve continence, but if not there may be an underlying disability. The schools admission code (Department of Education 2012) states that it is for admission authorities to formulate their admission arrangements, but they must not discriminate against or disadvantage disabled children or those with special education needs.

Intimate handling and invasive/intrusive action

It is sometimes necessary for intimate procedures to be undertaken with pupils, either routinely or in the event of an emergency. This might include hygiene/toileting needs or, for example, the administration of rectal diazepam. The guidance with regard to staff training/responsibility is similar to that for the administration of medication and the school will consider the need for the presence of two members of staff.

The school

Recognises that young children may have occasional 'accidents' when they fail to reach the toilet in time. However, if incontinence is a regular on-going nuisance for a child, the condition may be recognised as a disability under the Equality Act (2010).

Before the admission of a student

School staff whom agree to be involved in the changing/cleaning of a child in our care will have taken any relevant training and immunisation and job descriptions updated.

A pupil with medical needs should have an Individual Health Care Plan (IHCP) drawn up in consultation with his/her parents/carers, school staff and the school nurse (who acts as the link between schools and other medical services). If the issues surrounding continence are more complex it would be appropriate to include relevant healthcare professionals in the plan. These might include some or all of the following: School Nurse, Paediatric Continence Advisor, Speech and Language Therapist (SALT), Occupational Therapist and Physiotherapist. This provides essential information about the pupil's condition and the steps to be taken to manage the pupil's medical needs and/or medicines in school.

It is important that the school and family work in partnership and should consider the following points.

Parents/Carers:

- Providing enough spare nappies, wet wipes, changes of clothes, plastic bags or nappy sacks in which to put soiled clothing, to meet the child's needs
- Informing the school if there is a change in medication or routine which may affect their continence, e.g., an increase in laxatives

Agreeing:

- To inform the school should the child have any marks or rash
- How often the child should be routinely changed during the school day and who will do the changing
- To encourage the child's participation in toileting procedures wherever possible to promote independence
- To review the arrangements, in discussion with the school, should this be necessary

The School Agreeing:

- A procedure with the parents to change the child should they soil/wet themselves
- How to inform parents of any poos or wetting soiling accidents – possibly via a home/school book
- The minimum number of changes
- To report to the Head Teacher or SENDCo should the child be distressed, or if marks or rashes are seen
- To review arrangements, in discussion with parents/carers should this be necessary

- To encourage the child’s participation in toileting procedures wherever possible to promote independence
- Discussing and taking the appropriate action to respect the cultural practices of the family
- Insure the hygiene room is readily available for use when needed by staff and that items needed are well stocked by parents/carers and staff will ensure parents/carers are contacted when items need to be replenished
- Hygiene procedures to be followed, correct disposal of waste/soiled materials via the allocated bin within the hygiene room used
- School to ensure relevant agencies to empty/discard of waste regularly

Safeguarding

All children have a right to safety, privacy and dignity when contact of an intimate nature is required, such as assisting with toileting or removing wet or soiled clothing.

A set of agreed procedures will be in place for children’s intimate care which will ensure best practice for children and that staff are not vulnerable to accusations of inappropriate handling or child abuse.

Where toileting support or intimate hygiene procedures are included in individual job descriptions, Milton Mount will consider and plan for appropriate training and ensure that there are at least 2 or more willing staff.

Procedure for personal care

If at all possible, children should be changed standing up. This makes it easier for the child to be involved in the process and start to make steps to becoming independent.

If the child needs to be laid down to be changed, then once the child has been changed and has left the changing area, the surface should be cleaned with warm soapy water and left to dry.

The child’s skin should be cleaned with a disposable wipe, supplied by the parent/carer. Nappy creams/lotions should be labelled with the child’s name and used only if prescribed for that child.

Disposable gloves and plastic aprons should be supplied by the school and should be worn when changing nappies.

Soiled nappies should be double wrapped.

Hands should be washed thoroughly afterwards.

During the updating of this policy, Safeguarding was taken account of.
Approved by the Governing Body

Signed (Chair of Governors) _____

Date _____ April 2018 _____

Review Date _____