

Medical Policy

Including First Aid, Administration of Medicines, Intimate Care and Supporting children with medical conditions.

This Policy is applicable to all pupils, including those in the Early Years Department (EYFS).

Policy Statement

The School recognises its legal obligations to provide a first aid service for all its staff and pupils, including those in the EYFS setting. The School is committed to providing a first aid service which satisfies the School's needs in terms of the requirements of the Health and Safety (First Aid) Regulations 2009. The legislation sets out the required standards for first aid in the workplace, including number and contents of first aid kits, training of first aid personnel and provision of first aid rooms. This policy requires that all first aid injuries be reported and treated.

In accordance with national regulatory requirements, the school provides:

- Practical arrangements at the point of need.
- The names of those qualified in first aid and the requirement for updated training every three years, with refresher courses offered between dates.
- Having at least one qualified person on each School site when children are present.
- Showing how accidents are to be recorded and parents informed.
- Access to first aid kits.
- Arrangements for pupils with medical conditions (for example, asthma, epilepsy, diabetes).
- Hygiene procedures for dealing with the spillage of body fluids.
- Guidance on when to call an ambulance.
- Reference to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995), under which Schools are required to report to the Health and Safety Executive.

Section 1 - First Aid

First Aid is the initial assistance or treatment given to someone who is injured or suddenly taken ill.

First Aid principles are to:

- Preserve life
- Prevent worsening
- Promote recovery

First Aid may be practised by anyone, anywhere, volunteer or professional. However, in certain circumstances, the provision of first aid and first aid responsibilities are defined by statutes. In the UK, these regulations apply to incidents occurring in the workplace and mass gatherings.

The Health and Safety (First Aid) Regulations of 1981 place a general duty on employers to make first aid provision for employees in case of injury or illness in the workplace. The practical aspects of this statutory duty for employers and self-employed persons are set out in the Approved Code of Practice (ACOP), which

is revised periodically. The ACOP contains guidance on first aid materials, equipment and facilities. The number of first aiders required in a workplace is dependent on the risk assessment.

Windermere School is bound under the regulations laid down by RIDDOR (Reporting of injuries, diseases and dangerous occurrences regulations, 1995) under this we are required to report to the Health and Safety Executive (Tel No – 0845 300 9923)

It is vital when accidents occur, minor or severe, to summon appropriate help immediately. The School Nurse should be contacted as soon as possible when accidents occur. In the event of her not being available immediately, a first aider should be called (A full list of persons trained in first aid can be found in the staff room, reception and in the Operation Manager's office). If in doubt, contact reception for an up-to-date list of qualified first aiders. Several staff members hold first aid certificates relevant to their department.

Minor incidents at Elleray Campus, especially in the EYFS, are recorded in the incident log or 'Near Miss' sheet located in the Staff Room and Reception Office. In accordance to the Health and Safety Executive; an accident is an event that results in injury/ill health. An incident/near miss is an event that whilst not causing harm has potential to cause injury or ill health.

First Aiders

First Aiders are qualified personnel who have received training and have been assessed as competent in accordance with Health and Safety Executive requirements. Incorporated into this will be refresher training at regular intervals to ensure that their skills are maintained. In determining the number of Nominated First Aiders required, the following factors will be considered:

- The size of the school
- Pupil numbers and age ranges
- Staff or pupils with special needs or disabilities
- Hazards
- Cover for staff absences
- Provision on School visits
- Provision in practical departments and physical education

The school has a qualified Paediatric Nurse, supported by Boarding staff with Emergency First Aid qualifications when boarding students are resident. At weekends cover is provided by Boarding House staff who all have the Emergency First aid qualification.

A team of appointed first aiders are in place to provide support to staff, (the required ratio is 1:50 staff). A list of qualified first aider is held with the School Nurse and with Reception.

Under EYFS requirements at least one person on the premises and at least one person on outings will have a paediatric first aid certificate.

First Aid Boxes

First Aid boxes are situated at various locations around the school site. Staff should notify the nurse if they have used supplies so they can be replenished, and the boxes should be checked termly by the Head of Department who should notify the school Nurse of any supplies needing replacement. All boxes will contain the minimum supplies which are HSE recommendations. The location and content of First Aid Boxes are shown in Appendix 1.

AED Equipment

In addition to first aid boxes, Windermere School also provides automated external defibrillators (AED) that allow people with no training to provide lifesaving defibrillation to victims of sudden cardiac arrest. These are located outside Crampton Hall, the Sports Hall, Hodge Howe and the front entrance of Elleray.

First Aid Accommodation

To comply with the Education (School premises) Regulations 1996 the school has provided a dedicated room for first aid treatment.

The Medical Room is in the Browhead building.

Procedures in the event of an accident or injury

In the case of an accident or injury, a member of staff should be informed immediately. They will assess the situation and if required, contact the emergency services first and then reception to ask for the first aider. In other circumstances, reception should be contacted.

Reception can be contacted either by telephone on (01539 446164 extension 205) or by sending another member of staff or pupil to the main reception informing of the location of the accident or injury and ask for the first aider to be sent.

Parents will be informed immediately of any medical emergency by a senior member of staff or the Nurse. Pupils who are taken to hospital in ambulance will be accompanied by a member of staff unless parents are able to reach the school before departure.

First Aid Off Site

All teaching staff who lead on an External visit, including PE and Adventure are required to hold a minimum of the emergency first aid qualification unless they are supported by a trip colleague who holds this award or higher. All trip leaders take a first aid kit on the visit.

First Aid Out of Hours

At all times, a designated member of staff is within the Boarding House and can be contacted in the event of an emergency, illness, or accident. This includes overnight call. Contact numbers are given in the appropriate House Team and are widely posted in the Houses.

Reporting of Accidents and Injuries

Pupil accidents will be recorded on the relevant SIMS page.

Forms for staff accidents are kept in the **Nurse's pigeonhole** at Browhead. On completion, the form should be sent to the School's Operations Manager and will be treated in confidence with the appropriate action being taken.

'Near-mis' incidents involving pupils should be reported electronically on the relevant SIMS page. For staff, they should be reported to the School's Operations Manager. These can be reported anonymously if preferred. Accidents, minor injuries and near misses are reviewed regularly by the Health and Safety committee to determine any trends, which can be improved on.

The School Nurse or person dealing with the incident will inform the parents/guardians/next of kin of the pupil or staff as soon as possible after the incident. The nurse will inform the Head Teacher if required. In the event of a major incident, a designated spokesperson will issue a statement on the school's behalf.

It is the responsibility of the school to ensure that all employees and pupils of the school are aware of the procedure for the reporting of accidents. For contractors and visitors, the Facilities Manager will take responsibility. Under RIDDOR the School has a legal duty to report and record some work-related accidents by the quickest means possible. HSE has set up on-line reporting procedures for RIDDOR reportable accidents. The relevant link is: <http://www.hse.gov.uk/riddor/index.htm>

Bodily Fluids

All staff and pupils alike should take precautions to avoid infection and must follow basic hygiene procedures. Infection control measures include effective hand washing; and the use of disposable gloves when dealing with any bodily fluids. All clinical waste should be disposed of in a yellow bag which are found in the body spills kit provided.

Staff should have access to single-use disposable gloves and hand-washing facilities and should take care when dealing with blood or other bodily fluids. If unsure, a member of staff must ask the Nurse for assistance. Boarding Houses are provided with appropriate equipment.

Head Injury Protocol

This is shown in appendix 1

Child Protection

If any concerns are raised that have Safeguarding implications (e.g. unexplained marks or scars) while a person is being treated for first aid, the first aider must inform the **designated safeguarding lead** who will then take appropriate action. The treatment of children for minor injuries, illness or medical conditions may involve members of staff in physical contact with children. Any treatment should:

- Not involve more contact than necessary
- Be undertaken by staff who have volunteered to be designated to the task
- Be carried out in an appropriate room, which ensures the pupils privacy and dignity.
- Be documented.
- PPE will always be used when dealing with bodily fluids
- Be notified to parents
- **Have consent from the injured pupil if they are conscious.**

Caring for Sick Pupils

Pupils that are feeling unwell during the school day can visit the Medical Room, where the Nurse will complete an assessment. Teachers are required to confirm the availability of the Nurse before a pupil is sent to the Medical Room. If the Nurse is not available, pupils are to be directed to the boarding staff (if boarders) or reception, where they can be referred to the nearest first aider that is available.

The Nurse will contact parents as required, including arranging for the child to be collected if necessary. At this point, relevant members of staff are informed via email. Pupils may not contact their parents by mobile phone to ask to be collected due of illness. This needs to be arranged by the nurse.

If boarding pupils are unwell before school, they should report this to their Houseparent. The Houseparent will complete an initial assessment and if required, ask the pupil to return to their bedroom and arrange for supervision. The Houseparent will then inform the Nurse. The Nurse will complete a full assessment at the start of the day. If a boarding pupil is too unwell to attend school, the School Nurse will write a care plan and arrange for supervision of the pupil as required.

Out of school hours, the lead responsibility for the medical care of boarders is with the Houseparent or Assistant Houseparent on duty. This work is supported by the matrons. This includes providing evening and emergency medical support for the boarding house, seeking telephone advice from 111 or 999 when required and transporting boarders to hospital and medical appointments as appropriate.

Administration of Medication in School

The Board of Governors and staff of Windermere School wish to ensure that pupils with medication needs receive appropriate care and support **while** at School.

Please note that parents of day pupils, including those in the EYFS, should keep their children at home if acutely unwell (including a temperature of 38C or above), or are infectious.

Parents are responsible for providing the School Nurse with comprehensive information regarding the pupil's condition and medication.

Storage, Dispensing and Recording of Medication

All medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked medicine cabinet or lockable refrigerator.

Medication can only be dispensed by the School Nurse, boarding staff who have additional training in the dispensing and recording of medication or other staff who have been specifically trained by the Nurse.

Procedures for dispensing and recording medication are:

- Check SIMS to confirm the identity of the pupil, any medical alerts and when medication was last dispensed.
- If giving prescribed medication, check the prescription label matches the information on SIMS, the pharmacy label has not been altered, the required dosage and times of administration and any other specific information.
- Tablets should be placed in the lid of the container or securely pushed through blister pack into student's hand.
- Avoid touching the medication with your hand.
- Liquid medication must be measured and dispensed in a sterile syringe or medicine cup. Do not use household spoons of any kind.
- Watch the pupil take the medication.
- Return the medication to the cabinet and ensure it has been securely locked away.
- Record the dispensed medication on SIMS immediately.
- Controlled medication requires additional recording in the controlled drug book, with the pupil being the second signatory if deemed appropriate and another member of staff is not available.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of a term's supply at any one time).

Each item of medication must be delivered to the School Nurse or authorised person, in normal circumstances by the parent, in a secure and labelled container as originally dispensed. Blister packs should not be cut. Each item of medication must be clearly labelled in English with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Number of tablets or volume of medicine (for volume please mark and date the bottle)
- Frequency of administration.
Date of dispensing.
- Storage requirements (if important).
- Expiry date.

The school will not accept items of medication in unlabelled containers. The medication should be registered as it comes into the school with a relevant member of staff (usually the house staff). As the medication is administered, it should be counted down so that a running note of stock is maintained.

In the case of day pupil, it is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date. For boarders, the Nurse will ensure that medication is renewed, when necessary, with parental assistance as required.

The school will not make changes to dosages based on parental instructions. All correspondence must be through the relevant medical professional.

Self-Medication

Keeping and being responsible for your own medication is called 'Self Medicating.' These medicines can be kept by the individual and should be stored in their lockable safe, which is in their room. To self-medicate, a pupil must meet with the Nurse and for boarding pupils, the Houseparent, to complete a self-medicating form. Analgesia is strictly prohibited under the self-medication policy.

Over the Counter medication

The Medical Room and the Boarding Houses have locked cabinets of 'Over the Counter' medication. Only the Nurse and boarding staff with specific training may administer over the counter medication. Specific guidance for Boarding is within the Boarding Handbook.

Prescribed medication

Prescribed medication is specific to the medical need of an individual and is provided via a prescription from a medical professional e.g. antibiotics. There is a locked cabinet for prescribed medication in the Medical Room and within each Boarding House. Prescribed medication must be correctly labelled by the prescriber. Specific guidance for Boarding is within the Boarding Handbook. Only the Nurse and boarding staff with specific training may administer prescribed medication, and should be recorded in the Prescribed Medication folder, as well as SIMS.

Controlled medication

Controlled drugs require stricter regulations with regards to storage and administration. Controlled drugs must carry a prescription label and be accompanied by a covering letter from the prescribing doctor. Controlled drugs should be registered as it comes into the school and stored in a locked, non-portable container. There is a locked cabinet for controlled medication in the Medical Room and within each Boarding House. When the controlled drug is administered, it must be signed for, using the CD book, and countersigned (this can be done by the **pupil, if they are deemed to have capacity to do so**). Once a month, two members of staff must run a signed stock check.

Specific guidance for Boarding is within the Boarding Handbook. Only the Nurse and boarding staff with specific training may administer controlled medication.

Early Years

Pupils in the EYFS are permitted to have non-prescribed medicine (such as children's paracetamol or ibuprofen), which should only be administered by the pupil's Key Worker. The correct reporting and recording procedures should be strictly followed.

Children's paracetamol is administered to Early Years pupils in the case of a high temperature/pain **ONLY** with the written consent of the parents. If the child's condition deteriorates during the day, or the rise in temperature is so rapid that the child's welfare is compromised, then permission may be **sought verbally, via email or text message, provided that there is an agreement that verbal or text messages are always followed up in writing as soon as possible.**

Copies of DfES Guidance "Managing Medicines in Schools and Early Years Setting" be downloaded from:<http://www.teachernet.gov.uk/wholeSchool/healthandsafety/medical/>

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be

occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Medication on an off-site trip or visit

Medication that is taken on a school trip, should be carried in a locked, portable container. The amount of **medication that is** taken on a trip will be recorded by the School Nurse or House Parent and compared with quantity returned. Each medicine bag will contain a means of recording drugs administered whilst off site. Medical records will be updated accordingly.

For EYFS pupils, staff accompanying the children must include the key worker for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

Medication for a child is taken clearly labelled with the child's name, name of the medication, a copy of the consent form, with the details as given above.

If a child on medication has to be taken to hospital, the child's medication is taken labelled with the child's name.

Records and Information

EYFS and day pupils are either given a slip to take home informing the parents of any medication given, the dosage, the reason why it has been given and the exact time of administration or emailed with those details.

The School Nurse will keep records, which they can make available to parents.

If pupils refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. Refusal of medication will be recorded on SIMS.

4.Supporting pupils at school with medical conditions

Health Care Plans

For each pupil with long-term or complex medication needs, the School Nurse, will ensure that a health care plan is drawn up, in conjunction with the appropriate healthcare professionals, the pupil, boarding staff and parents as required. This will be shared with the appropriate staff, with the pupil's permission.

For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.

The risk assessment includes vigorous activities and any other Early Years activity that may give cause for concern regarding an individual child's health needs.

The risk assessment includes arrangements for taking medicines on outings.

A Health Care Plan for the child is drawn up with the parent; outlining the key worker's role and what information must be shared with other staff who care for the child.

The Health Care Plan should include the measures to be taken in an emergency.

The Health Care Plan is reviewed on a yearly basis or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc. It is the role of the parent or Doctor to inform the Nurse of any changes so that an update can occur before the review date if necessary.

Medical Conditions

Procedures for individual medical conditions can be found in the appendices.

- Allergies and Anaphylaxis – Appendix 4
- Asthma – Appendix 5
- Diabetes - Appendix 6
- Epilepsy and Seizures – Appendix 7
- Depression – Appendix 8
- Eating Disorders – Appendix 9

5. Management of Public Health Outbreaks

A list of Infectious Diseases and Timescale for Absence (as advised from Public Health England PHE) is shown in the Appendices.

Appendix 1 – Location of First Aid Boxes

Location - Senior School

Browhead:

Reception

Prep school corridor

Kitchen

Crampton Hall

Medical Room

Elleray House

Langdale:

Dispensary

Westmorland:

Dispensary

Surrounding areas:

Art block

Science and junior labs

Sports Hall

Astro Turf

Maintenance Department

Kitchen

Hodge Howe

Safety Boats x 2

Minibuses

Appendix 2 – Content of First Aid Boxes

1-10 Persons

11-50 Persons

6	Medium dressings	8
2	Large dressings	4
3	Extra-large dressings	4
2	Eye pads	4
6	Triangular bandages	6
20	Plasters	40
6	Safety pins	12
10	Alcohol free wipes	10
2	Sterile saline 500ml *	2* *Eye irrigation where mains tap water is not available and/or there is a risk of injury to the eye.
2	Pair of Disposable Gloves	2 will be kept in these boxes.

Appendix 3 – Head Injury

Pupils who sustain a head injury, may continue in School if there are no signs of concussion and the Nurse/healthcare professional has deemed it appropriate. Parents must be informed of the injury, regardless of the severity and the pupil will be added to the head injury register.

They must go to hospital if they present with any of the following symptoms:

- Loss of consciousness
- Amnesia
- Vomiting
- Severe headache
- Acting out of character
- Suffer loss of balance/difficulty walking
- Have a convulsion
- Blurred or double vision
- Fallen from a height
- Have blood/clear fluid coming from the ear or nose.

If a pupil is unconscious, do not move the casualty - phone 999. Monitor the casualty's breathing, and follow the ABC approach (Airway, Breathing, Circulation).

A player who has been unconscious for 60 seconds or more or has a Post Traumatic Amnesia of 30 minutes or more should not play contact sports for at least 23 days (Policy for jockeys and of the RFU)

A player who has had 2 minor episodes of loss of consciousness (10-60 seconds) in the same season should not play for 4 weeks.

Assessment following a blow:

- Did the pupil experience any loss of consciousness?
- Do they remember the incident?
- What was the duration of the retrograde amnesia?
- What was the duration of the post traumatic amnesia?
- How did the injury occur? Is there a wound/deformity to the area?
- Continue to monitor level of consciousness -improving, stable, deteriorating.

It is not necessary to lose consciousness to sustain neurological damage. Headaches, dizziness, irritability and difficulty with concentration can persist for weeks/ months.

Treatment: Rest (physically and mentally), simple analgesia, reassurance that it will improve, prevention of further injury, medical investigations if no improvement.

For players returning from away matches with suspected concussion, then the School Nurse must be contacted by the coach before arriving back in Windermere. If the School Nurse is unavailable, medical advice must be sought.

Once Concussion has been diagnosed the player must rest for 48 hours from all physical & cognitive (academic) activities. If he/she is symptom free, then he/she may return to lessons but refrain from ALL physical activity for a further 23 days. At the end of this 23-day period the player will be assessed by the School Nurse.

Appendix 4 – Allergies and Anaphylaxis

An allergy is a hypersensitive reaction to intrinsically harmless antigens (substances, usually proteins that cause the formation of an antibody and react specifically with that antibody). In susceptible individuals, the reaction may develop within seconds or minutes of contact with a trigger factor.

Exposure may result in a severe allergic reaction (anaphylaxis) that can be life threatening. In an anaphylactic reaction, chemicals are released into the blood stream that widen the blood vessels and narrow the air passages. Anaphylaxis is present when the airway, breathing and/or circulation is compromised.

Triggers can be

- a) Skin or airborne contact with materials e.g., latex.
- b) Injection of a specific drug or insect bite i.e., bee stings and penicillin.
- c) Ingestion of a certain food e.g., nuts, fish and/or eggs.

Windermere School recognises that children who are at risk of severe reactions are not ill, but if they come into contact with specific allergen, they may become very unwell and need immediate attention.

Record Keeping. When a child joins the school, parents are requested to identify on the health form any specific allergies from which they suffer. From that information a list of allergic reactions is placed in the medical file in the staff room, and a list of food allergies given to both the kitchen and the food technology department. A care plan is devised by the medical team along with the parents and pupil's allergy consultant. This is kept in the pupil's medical file and boarding house specific to that pupil. Parents are requested to inform the school if their child subsequently develops an allergy to any substance. The School Nurse will always be available for parents who wish to discuss their child's allergies and their care.

Medication. In the case of a severe allergic reaction an immediate injection of adrenaline is the first line of treatment. Pupils who have known severe allergic reactions should carry a prescribed **auto injector device** with them in an easily accessible place. If staff suspect the pupil is having a severe allergic reaction, they must follow the anaphylaxis section of their first aid training and administer adrenaline via an auto injector. The School Nurse should be contacted as soon as possible. The School Nurse will provide instruction for all staff in the administration of adrenaline if they do not hold a valid first aid certificate.

An emergency auto-injector (Epi-Pen) kit is kept in the kitchen. The kit contains one 0.3mg and one 0.15mg pen.

Food Management. A list of pupils with known food allergies is given to both kitchen and the food technology department at the start of the autumn term and is amended as necessary during the school year. All staff involved in catering and food preparation are aware of the implications of a child with a known allergy ingesting or coming into contact with an allergen. This list is updated when we have new information/on a yearly basis.

A general notice warning of potential allergens is displayed in the dining hall. It is not possible to state firmly that nuts are not present in any dish as there may have been cross contamination in manufacture. A menu board is clearly displayed outside the Dining Hall.

Pupils with known allergies are expected to check it for identification of any foodstuffs to which they are sensitive. The catering staff are always willing to answer questions from pupils about ingredients of the meal they are serving.

Pupils with known food allergies should not accept food brought from home by other pupils.

In the Food Technology lessons pupils are asked to carefully check labels before coming into contact with foodstuffs, and if there is any doubt they should discuss the situation with the teacher in charge of the lesson. If the allergy is severe or if there is any potential for an anaphylactic reaction the pupil may not be able to participate in the lesson, and alternative work will be provided.

Procedures for EYFS children with allergies

- When students join Windermere Preparatory School their parents are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, the following is established and recorded in the child's personal file:
 - The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 - The nature of the allergic reactions e.g. anaphylaxis, including rash, reddening of skin, swelling, breathing problems etc.
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen, cetirizine).
 - Control measures –such as how the child can be prevented from contact with the allergen.
- **No nuts or nut products are used** if there is a pupil with such an allergy.
- If any nuts or nut related products are being used in an activity or come into school, for example, on a birthday cake, the school office will check medical records and parents are informed.

Outings and off-site activities

Pupils with known allergies will be identified on the outing's health form. Where necessary parents will provide an **auto injector device** which will be kept in an easily accessible place by the teacher in charge of the outing.

In the case of specific food allergies, the catering staff will be informed so that an appropriate packed meal can be provided. Should a pupil have a severe allergic reaction on an outing then an ambulance must be called.

ALLERGIC REACTIONS

Treatment

- Seek immediate First Aid assistance.
- Administer antihistamine tablets / syrup as prescribed in the pupil's emergency box or care plan.
- If the pupil feels better, allow them to rest and contact the parents
- If the **symptoms appear serious**, call for an ambulance and ADMINISTER ADRENALINE VIA **AUTO INJECTOR DEVICE** IMMEDIATELY. Instructions are kept in the emergency box with the **auto injector**. All staff are trained in using an **auto injector** and this is updated on a yearly basis.
- Stay with the pupil until the ambulance arrives.

Recognition

- Urticaria
- Swelling of the tongue and throat
- Puffiness around the eyes
- Shortness of breath/wheeze

Serious symptoms

- Cold, clammy skin
- Blue-grey tinge around the lips
- Decreased/loss of conscious level
- Weakness / dizziness
- Low blood pressure/high heart rate
- Impaired breathing

Parents and child should discuss allergies as part of the health care plan. Pre-loaded injection devices should be provided by the parents in the correct container, labelled with their child's name and date of birth. Again, it is requested that pupils who are prescribed an **auto injector device**, always carry it on their persons and in the case of boarders give the house staff a spare that is useable and in date. Day pupils will hand a spare device to the School Nurse, who will consider the most appropriate place to store it, and advice the relevant staff.

Please note: If the School has to give this injection **an ambulance must always be called**

Appendix 5 – Asthma Procedures

Asthma is a condition of the respiratory system – it affects the airways in the lungs. When a person with asthma comes into contact with something that irritates their airway [an asthma trigger], the muscles around the walls of the airway tighten so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes thick mucus or phlegm builds up which can further narrow the airways. This makes it difficult to breathe and leads to symptoms of asthma.

Windermere School recognises that asthma is an important condition affecting many school children and positively welcomes all children with asthma.

This school encourages all children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Record Keeping. When a child joins the school, parents are asked if their child has asthma and the details of the medication they receive. From this information the school keeps records of children with asthma, which is shared with staff members. A care plan is devised by the School Nurse and the parent and is kept in the pupil's medical file.

The care plan is updated on a yearly basis unless changes occur before the renewal date. Parents are requested to inform the school if there are any changes to their condition.

Medication. Immediate access to relieving inhalers is vital, and pupils are requested to carry their inhalers with them at all times. Parents are asked to provide the school with a labelled spare inhaler. This will be kept in the Medical Room if they are a day pupil or their boarding house if they are boarders. The School Nurse will provide inhalers for boarding pupils if they are registered with the affiliated GP surgery. All inhalers must be labelled with the pupil's name and date of birth and they must be within their expiry date.

All School staff will allow pupils to take their own medication when they need to.

P.E. and Outdoor Education. Taking part in sport is an essential part of School life, and children with asthma are encouraged to participate fully in the activities. P.E. teachers are aware of which pupils have asthma from the information supplied in the medical file. Teachers will remind pupils whose asthma is triggered by exercise to take their inhaler before the lesson and to warm up properly. If children need to use their inhaler during the lesson they will be encouraged to do so.

Outings and Off-Site Activities. The school positively encourages all pupils with asthma to participate in offsite activities, both educational and social. Pupils with asthma are identified on the health forms and should take their inhalers with them. When appropriate, the inhaler may be given to the teacher in charge. In the event of an asthma attack the following procedure should be followed

Asthma Attack Plan

Stay calm (find a first aider or School Nurse)

Do not over crowd the pupil

Sit pupil upright and loosen clothing

Do not expose to a sudden change of temperature (e.g., do not take them outside from a warm building)

- Give one to two puffs of reliever inhaler immediately (usually blue inhalers are also known as salbutamol or terbutaline) either carried on pupil or in medical room, if pupil has a spacer device, please use with inhaler.
- Sit them down and encourage them to take slow, steady breaths.
- If no improvement, give two puffs of reliever inhaler (one puff at a time) every two minutes. They can take up to ten puffs.
- If no improvement, or if you are worried at any time, call 999. Prepare to resuscitate if necessary

If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 3.

No real improvement is recognised by

- Having extreme difficulty in breathing and coughing with wheezing
- Unable to speak in full sentences
- Lips turn blue/grey
- Becomes exhausted

If asthma is successfully treated in school parents still need to be informed.

Information from asthma UK 2023

Emergency inhalers.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed Schools to keep a salbutamol inhaler for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Windermere School have opted into this guidance and as such have emergency inhaler kits situated around the school.

Prep School

Entrance Foyer

Reception office

Elleray House

Senior School

Crampton Hall

Sports Hall

Dining Hall

Langdale House Common Room

Westmorland House Common Room

Contents of an emergency asthma kit include:

- A salbutamol metered dose inhaler.
- Two single-use plastic spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer/plastic chamber.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.

The School Environment. Windermere School does all that it can to ensure that the school environment is favourable to children with asthma. The school has a no-smoking policy.

Appendix 6 - Diabetes Procedures

Diabetes Mellitus is a condition when the body fails to produce sufficient amounts of insulin, a chemical that regulates blood sugar (glucose) levels. As a result, sugar builds up in the blood stream and can cause hyperglycaemia. People with diabetes control their blood sugar with diet (which provides a predictable amount of sugar and carbohydrate) and insulin injections.

Hypoglycaemia – low blood sugar

Hyperglycaemia – high blood sugar

Causes of Hypoglycaemia

- Inadequate amounts of food ingested – missed or delayed
- Too much or too intense exercise
- Excessive insulin
- Unscheduled exercise

Recognition of Hypoglycaemia

- Onset is SUDDEN
- Weakness, faintness or hunger
- Palpitations, tremors
- Behaving out of character
- Sweating, cold, clammy skin
- Headache, blurred speech
- Confusion, deteriorating level of response, leading to unconsciousness
- Seizures

Treatment of Hypoglycaemia

- Seek First Aid assistance.
- Follow pupils' individual Medical Plan and obtain their emergency diabetes pack (which should always be with the pupil).
- Ensure the pupil eats a quick sugar source; approximately 15-20g for an adult e.g., three glucose tablets, glucogel, fruit juice or fizzy drink (not a diet version).
- Wait ten minutes and, if the pupil feels better, follow with a carbohydrate snack e.g., cereal bar, toast
- Once recovered allow the pupil to resume School activities. Notify parents and keep them updated.

If the pupil becomes drowsy and unconscious, then the situation is now LIFE-THREATENING and call an ambulance. Prepare to resuscitate if necessary.

Place the pupil in the recovery position and stay with the pupil until the ambulance arrives.

Causes of Hyperglycaemia

- Incorrect carb counting
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Recognition of Hyperglycaemia

- Onset is over time – hours or days
- Warm, dry skin, rapid breathing
- Fruity / sweet breath
- Excessive thirst and increased hunger
- Frequent urination
- Blurred vision
- Stomach-ache, nausea, vomiting
- Skin flushing
- Lack of concentration
- Confusion
- Drowsiness that could lead to unconsciousness. In this case, prepare to resuscitate.

Treatment of Hyperglycaemia

- Seek First Aid assistance.
- Follow pupils' individual Medical Plan and obtain their emergency diabetes pack (which should always be with the pupil).
- Encourage the pupil to drink water or sugar-free drinks
- Allow the pupil to administer the extra insulin required
- Permit the pupil to rest before resuming School activities if able
- Contact parent / guardian

In developing these procedures, the school recognises the advice and guidance of the British Diabetic Society, Diabetes UK and the medical team. The school recognises its responsibility in dealing with children appropriately.

This school encourages children with diabetes to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Windermere School will work with outside agencies (GPs, Consultant Physicians and Diabetes Liaison Nurse) to ensure that diabetic pupils can participate fully in School life.

Record Keeping. When a pupil is admitted to the school the parents will inform the School Nurse via the health form, that they have diabetes. This information is passed to all relevant members of staff. The parents and diabetic liaison nurse of a diabetic pupil will be invited into School to meet the nursing, teaching and catering staff to ensure that his/her specific needs can be met. The School Nurse will keep details of current medication regimes in Dispense, and parents are asked to inform of any changes.

Monitoring. The school accepts that it is vital to maintain balanced blood sugar levels and will allow pupils to check their own blood as required, providing a private area to do so, if necessary. The pupil will also be permitted to keep mobile devices with them at all times, if they use applications to monitor blood glucose. The School Nurse will be available for advice as required. Spare monitoring equipment may be brought into school and stored in The Medical Centre.

Medication. The school acknowledges that regular injections of insulin will be essential for children with diabetes and will support them in maintaining their prescribed regime by allowing them to inject when prescribed and providing privacy to do so. Insulin brought into the school will be kept in the pupil's diabetes bag which should always be with the pupil. Where necessary, spare equipment, e.g. Syringes will also be stored in The Medical Room **or in a designated lockable fridge. Sharps will be disposed of safely and accordingly.**

Dietary Management. The school will work closely with the pupil, family and catering staff to ensure that his/her dietary needs are met, and that any supplements to the diet, e.g., snacks, will be provided at the correct time. It is advised that day pupils bring their own snacks so that they are readily available to them when required. Boarding pupils will order their snacks from the catering department and monitor the quantity daily.

P.E. The P.E. staff will be informed if children have diabetes. They will be encouraged to monitor their blood glucose level before physical activity and if necessary, have a snack/glucose tablet. Staff are aware that they may also need to take extra glucose (either a glucose tablet or in the form of a snack) during and after strenuous exercise. Should a child experience symptom of hypoglycaemia during P.E., remedial action will be taken immediately, and their individual care plans will be adhered to.

Outings and Off - Site activities. The school encourages pupils with diabetes to take part in off-site activities, both educational and social. Diabetic children should take with them sufficient supplies of insulin and monitoring equipment to last for the duration of the outing. The catering staff will be informed in order that appropriate packed lunches can be provided. They should carry with them glucose tablets/snacks for use in the event of a hypoglycaemic episode. For overnight and overseas trips more equipment will be needed. The School Nurse will liaise with the teacher in charge to ensure that children's needs are safely met and relevant personal are appropriately trained.

Appendix 7 – Epilepsy and Seizures

Epilepsy is a brief disruption in the normal electrochemical activity of the brain, which can affect people of all ages, backgrounds and levels of intelligence. It is not a disease or an illness, but it may be a symptom of some physical disorder.

Types of seizures;

Simple partial (focal) seizures or 'auras'

A simple partial seizure can cause:

- a general strange feeling that's hard to describe
- a "rising" feeling in your tummy – like the sensation in your stomach when on a fairground ride
- a feeling that events have happened before (déjà vu)
- unusual smells or tastes
- tingling in your arms and legs
- an intense feeling of fear or joy
- stiffness or twitching in part of your body, such as an arm or hand

You remain awake and aware while this happens.

These seizures are sometimes known as "warnings" or "auras" because they can be a sign that another type of seizure is about to happen.

Complex partial (focal) seizures

During a complex partial seizure, you lose your sense of awareness and make random body movements, such as:

- smacking your lips
- rubbing your hands
- making random noises
- moving your arms around
- picking at clothes or fiddling with objects
- chewing or swallowing

You will not be able to respond to anyone else during the seizure and you will not have any memory of it.

Tonic-clonic seizures

A tonic-clonic seizure, previously known as a "grand mal", is what most people think of as a typical epileptic fit.

They happen in 2 stages – an initial "tonic" stage, shortly followed by a second "clonic" stage:

1. **tonic stage** – you lose consciousness, your body goes stiff, and you may fall to the floor
2. **clonic stage** – your limbs jerk about, you may lose control of your bladder or bowel, you may bite your tongue or the inside of your cheek, and you might have difficulty breathing

The seizure normally stops after a few minutes, but some last longer. Afterwards, you may have a headache or difficulty remembering what happened and feel tired or confused.

Absences

An absence seizure, which used to be called a "petit mal", is where you lose awareness of your surroundings for a short time. They mainly affect children, but can happen at any age.

During an absence seizure, a person may:

- stare blankly into space
- look like they're "daydreaming"
- flutter their eyes
- make slight jerking movements of their body or limbs

The seizures usually only last up to 15 seconds and you will not be able to remember them. They can happen several times a day.

Procedure for a seizure

During:

- Gently cushion the pupils head to avoid injury.
- Loosen any tight clothing around the neck to help the pupil breathe.
- Move any objects from around the casualty that may harm them.
- If you are concerned about the airway, roll the pupil onto their side.
- Take note of the exact time the seizure started.

Call 999 if:

- The seizure lasts longer than 5 minutes (if they are known to have seizures) or if this is the pupils first seizure.
- The pupil's level of response doesn't improve after the seizure within 5 minutes.
- The pupil has a second seizure.
- You are unsure.

As soon as the seizure stops:

- Check the airway and breathing.
- Place the pupil in the recovery position.
- Keep the pupil warm and maintain their dignity at all times.

- Check the pupil's level of response regularly.
- Contact the parents if not already done so.

Please contact the School Nurse for advice, help and support and for further information or training in the administration of emergency epileptic medication.

In developing this policy, the school has regard to the guidance of Epilepsy Action and the medical team. The school recognises its responsibility in dealing with children appropriately.

Windermere School recognises that epilepsy is an important condition affecting some school children and positively encourages pupils with the condition and will work with outside agencies (GPs, Consultant Physician and specialist Nurse Practitioner) to ensure that pupils with epilepsy can participate fully in School life.

This school encourages children with epilepsy to achieve their potential in all aspects of school life by having a clear policy that is understood by both staff and pupils.

Record keeping. When a pupil is admitted to the school the parents will inform the School Nurse, via the health form, of the epilepsy. This information is shared with all relevant members of staff. The parents of an epileptic pupil will be invited, with the pupil and their liaison Nurse, into school to discuss how their specific needs can be met. Such information will include details regarding their seizures, e.g. Triggers, type, duration; whether there is altered behaviour either before or after; and the mode of recovery. The School Nurse will keep details of the current treatment in the Medical Room and parents are asked to inform the school of any changes to the treatment regime.

Medication. The school acknowledges that the regular administration of prescribed medication is essential in the control of epilepsy and will support pupils by allowing them to take their medication at the appropriate time. Parents are asked to supply the school with medication in a clearly labelled container. The School Nurse will ensure that boarders have a sufficient supply in School.

Physical Activity. The school acknowledges that epilepsy itself is not a barrier to physical activity. PE staff will be informed a pupil has epilepsy and will liaise with the School Nurse and the pupil's parents and physician to ensure that all physical activity undertaken is suitable for that pupil. Any contraindications will be clearly laid out in the pupil's individual health care plan and this shall always be adhered to.

Outings and Off-site activities. The school encourages pupils with epilepsy to participate in off-site activities, both educational and social. Pupils should take with them sufficient medication in a labelled container for the duration of the outing, which must, at all times be handed to the teacher in charge for safe storage and administration. Some physical activities may not be appropriate and there will be discussion before the outing with the pupil, their parents and medical and nursing staff to assess the suitability of the activity.

Computers. Some pupils with epilepsy may be sensitive to the effects of a Visual Display Unit (VDU) and may need to use a special clip-on screen cover to reduce the effect. Staff will ensure that the screen is used. Further advice may be sought from the School Nurse or IT department.

Appendix 8 - Depression

Depression should not be confused with genuine sadness, e.g. In cases of bereavement, or momentary low spirits, e.g., a setback in work. Depression is when persistent low moods set in for at least two weeks.

Symptoms of depression may include but are not limited to: -

- A loss of interest and enjoyment in life
- A lack of drive and motivation, that makes even simple tasks and decisions difficult or impossible
- Fatigue
- Agitation and restlessness
- Loss or gain in appetite, with loss or gain in weight
- Sleeplessness, including early morning waking or excessive sleeping
- Loss of outward affection
- Loss of self-confidence, avoiding meeting people
- Irritability and aggressiveness with family and friends
- Feeling useless, inadequate, helpless and hopeless
- Thoughts of suicide
- Self-harm

If there is a concern that someone with depression is at risk, then, in line with the safeguarding policy, the Designated Safeguarding Lead must be informed. This information will be shared at the discretion of the safeguarding team.

They will ensure that appropriate professional advice is taken and followed.

If a pupil is receiving external support, the Safeguarding Team will inform the relevant staff, including the School Nurse.

Any member of staff who is supporting a pupil with depression should also receive appropriate support, which may include going to a Counsellor.

If a pupil is displaying or being treated for depression, their family doctor should be informed.

Support in School is circumscribed by the needs of others in the House and School.

Windermere School has a number of staff qualified as Mental Health First Aiders. All staff who have a mental health concern about a child should immediately report this to the DSLs and following the procedures in the safeguarding policy. Windermere School is able to access a range of advice to help identify children in need of extra mental health support, including working with external agencies. Pupils who need additional support with their mental health are discussed at a weekly Wellbeing meeting and key information passed to Boarding staff via Boarding team meetings.

Appendix 9 - Eating Disorders

A pupil who shows evidence of an eating disorder, e.g. missing meals, over-exercising, bingeing, significant weight loss, restrictive diet, will be asked to see a member of the Safeguarding Team, with involvement of the School Nurse.

A Care Plan will be put in place that could include arrangements for the pupil to-

- Either remain at school under medical supervision and regular sessions with the School Nurse.
- Undergo treatment away from the school site as an outpatient or in-patient at an appropriate clinic. Such a decision will be based on consideration for both the welfare of the pupil and that of their friends who carry the burden of day-to-day living with them.

In order to support pupils appropriately, the Headmaster and relevant staff should be kept informed at each stage of the treatment, whilst not breaching confidentiality. Parents will be invited into the school and the pastoral/medical team shall work closely with them alongside the pupil.

Windermere School adopt a healthy environment to eating which includes a well-balanced diet and consuming all food groups in moderation.

Appendix 10 – Meningitis

This is acute inflammation of the lining of the brain and/or spinal cord. It may be viral or bacterial.

Viral - may be caused by mumps virus, may be a secondary infection to sinusitis, ear or respiratory infections, common cold virus. The onset tends to be insidious.

Bacterial - Caused by meningococcus, pneumococcus, haemophilus influenza. The onset is sudden and acute.

Signs and Symptoms

- Headache, Irritability, Nausea, Vomiting, Back pain, Fever
- Meningeal irritation - photophobia (dislike of bright lights)
- Neck rigidity/ stiffness and a great pain in flexion of neck (due to stretching the inflamed brain linings)
- Purpuric rash. This can be anywhere on the body, and often looks like pin pricks and will not fade under glass.
- Positive Kernig's sign - inability to straighten the knee when the hip is flexed.
- Positive Brudzinski's sign - hip and knee flexion in response to forward flexion of the neck.

Signs and symptoms worsen rapidly. This is a medical emergency and an ambulance must be called immediately. As soon as possible, parents and relevant staff must be informed.

Meningitis is classed as a Notifiable disease - relevant authorities will be informed via hospital and will control situation if necessary and give advice.

Appendix 11 - Head Lice

Head lice are very common in young children. They have nothing to do with dirty hair

- Head lice infection is not primarily a school problem but one of the wider communities.
- Head lice do cause concern and frustration for some children, parents and teachers.
- The School Nurse should be informed in confidence of all head lice cases.
- All reports shall remain confidential.
- The school may inform parents by an advice letter given to a whole year or class group but not individual parents.
- Affected students will not be excluded from school, as per Public Health England guidance.
- The school will maintain a sympathetic attitude and avoid stigmatising / blaming families who are experiencing difficulty with control measures.
- It is part of the School Uniform Policy for all pupils to keep their hair tied back at all times, as this is a preventable measure against head lice.
- It is recommended that hair should be checked for head lice/eggs regularly.

Appendix 12



INTIMATE CARE AND TOILETING PROCEDURES

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INTIMATE CARE AND TOILETING PROCEDURES

1. Definitions

For the purposes of this Policy and procedures a child, young person, pupil or student is referred to as a 'child' or a 'pupil' under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

2. Introduction

Windermere School and Windermere Summer School (henceforth referred to as “The School” unless specific arrangements apply) are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children/young people, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. Arrangements for intimate and personal care are open and transparent and accompanied by recording systems.

The school recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

3. What is meant by Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas (such as cleaning up after a pupil has soiled themselves). In most cases such care will involve procedures in relation to personal hygiene and the cleaning of equipment associated with the process as part of a staff member’s duty of care.

The management of all pupils with intimate care needs will be carefully planned. The pupil who requires intimate care is treated with respect at all times; the pupil’s welfare and dignity is of paramount importance.

Staff who provide intimate care are appropriately trained to do so, and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with intimate care needs.

Staff will be supported to adapt their practice in relation to the needs of the individual pupil taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of pupils will not usually be involved in the delivery of sex education to the child in their care, in order to safeguard to both staff and the children involved.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

Pupils who require regular assistance with intimate care have a written Individual Health Care Plan (IHCP) or Education Health and Care Plan (EHCP) or other plans that identify the support of intimate or personal care agreed by staff, parents and any other professionals actively involved, such as school nurses, health visitor or general practitioner. Ideally plans should be agreed at a meeting at which all key staff are present wherever possible and appropriate. The pupil may also be invited to attend. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and where there is a change of circumstance, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for off-site visits.

Any vulnerability, including those that may arise from a physical or learning difficulty will be considered when formulating the individual pupil's EHC Por IHCP. The views of parents/carers and the pupil, regardless of their age and understanding, will be actively sought in formulating the plan and in the necessary regular reviews of these arrangements. Any changes to the care plan will be made in writing and without delay, even if the change in arrangements is temporary e.g. staff shortages, changes to staff rotas etc.

Where relevant, it is good practice to agree with the pupil and parents appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a suitable care plan is **not** in place, parents will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled themselves). Information on intimate care will be treated as confidential and communicated as soon as possible.

In relation to record keeping, an accurate written record should be kept in a format agreed by parents and staff every time a pupil has received assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. Where intimate and personal care tasks are undertaken in another room, records will include times the care started, finished and times the classroom was left, and when returned. and returned. These records will be kept in the child's file and available to parents on request.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Pupils are encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves. When assistance is required, this will normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate care procedures do not include the need for more than one member of staff unless the pupil's care plan specifies the reason for this. Intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances of the individual.

Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering. There does, however, need to be an appropriate level of supervision to safeguard pupils, satisfy health and safety considerations and ensure that child on child abuse does not occur. The supervision will be appropriate to the needs and age of the pupil concerned and sensitive to the potential for embarrassment. Where possible a pupil will be cared for

by one adult unless there is sound reason for having more than one adult present. If this is the case, the reasons should be clearly documented.

Intimate and personal care should not be carried out by an adult that the pupil does not know. Anyone undertaking intimate or personal care in an education setting is in regulated activity and must have been checked against the relevant Disclosure and Barring Service (DBS) list, even if the activity only happens once - this includes volunteers. Volunteers and visiting staff from other schools should not undertake care procedures without full and appropriate training.

Wherever possible staff will only care intimately for an individual of the same sex. However in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school where no male staff member is available. The religious views, beliefs and cultural values of pupils and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Staff will work in close partnership with parents and other professionals to share information and provide continuity of care. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's care plan. The needs and wishes of the children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

4. Safeguarding Children

Safeguarding and Multi Agency Child Protection procedures will be adhered to, in line with The School's [Safeguarding Policy](#)

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the Designated Safeguarding Lead (DSL). A clear written record of the concern will be completed and stored on My Concerns. The DSL will decide on whether a referral will be made to Cumbria Safeguarding [Cumbria Safeguarding Children Partnership \(CSCP\)](#) in line with the school Safeguarding Policy.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

No member of staff will carry or have access to a mobile phone, camera or similar device whilst providing intimate care.

If a pupil makes an allegation against a member of staff, all necessary procedures will be followed in line with Keeping Children Safe in Education, September 2022, the School's Safeguarding Policy and Cumbria CSCP guidelines. This should be reported to

the Head teacher (or Chair of Governors if the allegation is about the Head teacher) who will report the matter to the Local Authority Designated Officer (LADO) if necessary. It should not be discussed with any other members of staff or the member of staff against whom the allegation relates.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher in accordance with The Safeguarding Policy. Where a staff member feels that their genuine concerns are not being addressed, they may refer their concerns to the CSCP directly.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need are required to know but in line with the [DfE 'Information Sharing – Guidance for Safeguarding Practitioners' July 2018](#) and the School's safeguarding Policy.

5. Staff Conduct

In accordance with our Code of Conduct for Staff , there is an expectation to :

- Adhere to The School's intimate care policy;
- Make staff aware of the task being undertaken;
- Always explain to the pupil what is happening before a care procedure begins;
- Consult with colleagues where any variation from the agreed procedure/plan is necessary;
- Record the justification for any variations to the agreed procedure/healthcare plan and share this information with parent/carers;
- Avoid any visually intrusive behaviour;
- Where there are changing rooms, announce intention of entering;
- Always consider the supervision needs of the pupils and only remain present where their needs require this.

Staff and other adults will not:

- change or toilet in the presence or sight of other pupils;
- shower with pupils;
- assist with intimate or personal care tasks which the pupil can undertake independently.

During the coronavirus (Covid-19) pandemic, in addition to the points made above:

We will:

- update care plans in writing where appropriate e.g. because there are changes to staff rotas, etc.;
- ensure that, wherever possible, intimate/personal care is provided by staff known to the child;
- ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care;

- ensure that appropriate levels of personal protective equipment (PPE) and arrangements for safe disposal of that equipment are provided for those involved in delivering intimate/personal care.

Staff and other adults will not:

- allow any adult to assist with intimate or personal care without confirmation from senior leaders that the individual is not barred from working in regulated activity.

6. Infection Control

All staff involved in personal care must adhere to good personal hygiene standards. Reference should be made to the Public Health England guidance: [Health Protection in Schools and Other Childcare Settings](#). This includes good hand hygiene, the appropriate use of personal protective equipment (PPE), ensuring their own wounds are suitably covered, and dealing correctly with blood and bodily fluid spillages.

Everyone should know and apply the standard precautions as a matter of good practice. This is made known to staff members/volunteers during initial induction and at regular intervals. Each staff member must be accountable for their actions and must follow safe practices.

7. Personal Protective Equipment (PPE)

Where staff are performing intimate care procedures and/or nappy changing, disposable aprons and disposable gloves will be worn. Training will be provided on how to don and doff PPE.

During the coronavirus (Covid-19) pandemic:

- When changing children, and where the child can understand, we will ask the child to turn their head to the side during the changing process. A poster or bright picture at eye height can assist with this.
- Staff dealing with children with **complex medical needs** have an increased risk of transmission through aerosols being transferred from the child to the care giver. Staff performing tracheostomy care and other similar procedures will follow the PHE guidance [personal protective equipment \(PPE\) guidance on aerosol generating procedures](#), and wear the correct PPE which is:
 - a FFP2/3 respirator (which must be fit-tested)
 - gloves
 - a long-sleeved fluid repellent gown
 - eye protection
- If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as spitting), they will continue to receive care in the same way, including any existing routine use of PPE (disposable gloves and apron and a fluid resistant mask (FFP11R) or face-visor).

- If a child undergoing personal care becomes unwell with Covid-19 symptoms (a new, continuous cough, a high temperature or a loss of, or change in their normal sense of taste or smell [anosmia]) they will be moved to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Where available, a window will be opened for ventilation. If it is not possible to isolate them, the child will be moved to an area which is at least 2m away from other people whilst they await collection.
- If the individual needs to go to the toilet while waiting to be collected or prior to them leaving for home, they will be directed to use a separate toilet if possible. The toilet area will then be cleaned and disinfected using standard cleaning products before being used by anyone else.
- If a child needs direct personal care until they can return home, a fluid-resistant surgical face mask will be worn by the supervising adult if a distance of 2m cannot be maintained. If contact with the child or young person is necessary, then disposable gloves, a disposable apron and a fluid-resistant surgical face mask will be worn by the supervising adult. If our risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection will also be worn.
- If a member of staff has helped someone who was unwell with COVID-19 symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see below). The staff member will wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Refer to [COVID-19: cleaning of non-healthcare settings guidance](#).

To remove PPE safely:

- Remove apron.
- If you have worn gloves, remove them next by turning them inside out in one single motion.
- Once removed, disposable gloves and aprons will be placed in the bin immediately.
- Waste will be double bagged, then stored securely for 72 hours then thrown away in the regular rubbish.
- Hands must be washed with soap and water for 20 seconds after all PPE has been removed.

A [poster](#) has been produced by Public Health England to support training in the removal of PPE safely.

To dispose of waste (including used PPE) safely where no-one has symptoms of, or confirmed COVID-19:

Dispose of routine waste as normal, placing any used cloths or wipes and used PPE/face coverings in 'black bag' waste bins. You do not need to put them in an extra bag or store them for a time before throwing them away. Do **not** use recycling bins.

To dispose of waste (including used PPE) safely after an individual with symptoms of, or confirmed COVID-19 has left the setting or area:

- Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including used PPE, disposable cloths and used tissues):

should be put in a plastic rubbish bag and tied when full
the plastic bag should then be placed in a second bin bag and tied
this should be put in a suitable and secure place and marked for storage until
the individual's test results are known

- This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours. If possible keep an area closed off and secure for 72 hours.
- If the individual tests negative, this can be disposed of immediately with the normal waste.
- If COVID-19 is confirmed this waste should be stored for at least 72 hours before disposal with normal waste.
- If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:

keep it separate from your other waste

arrange for collection by a specialist contractor as hazardous waste.

8. Immunisation against Blood Borne Viruses (BBV's)

By far the most all-round effective way, including cost effectiveness, is to educate 'at risk' employees about the risks involved and to encourage all to maintain appropriate preventative measures. It is only when appropriate preventative measures are not deemed adequate to reduce risk to an acceptable level that immunisation will be considered. The national schedule of Immunisation changes periodically so it is important to check the [NHS Choices website](#) for up to date details. It is important that all staff are up to date with the current immunisation schedule.

The most important BBV's to consider for employment purposes are Hepatitis B, C and HIV. It is not normally necessary for first aiders or those involved in intimate care in the workplace to be immunised against hepatitis B virus unless the risk assessment indicates that it is appropriate; immunisation is not available for other BBVs.

Currently, immunisation is only available for Hepatitis A and B and is not available for Hepatitis C or D or HIV.

Employees who come into contact with blood and bodily fluids in the course of their work or who risk being scratched and bitten could be at risk from blood borne viruses. Windermere School is responsible for managing the risk to school employees from blood borne viruses. This is considered as part of the school's risk assessment processes. Those employees deemed to be at significant risk of contracting BBV's, despite taking all reasonable precautions. This may include the following:

- groups at risk from hepatitis B;
- employees in 'healthcare roles' who are likely to have direct contact with infected blood or body fluids;
- carers or support staff for pupils with severe learning/behavioural problems, where there is a significant risk of the employees being bitten, scratched or otherwise sustaining blood injuries from the clients in the course of their work.

Most general Practitioners(GP) will provide immunisation for their patients where they are at risk from blood-borne viruses in their work. Staff who, by means of our risk assessment, are advised to seek immunisation, can claim reasonable immunisation costs back from the school.

No employee should be forced or required to have an immunisation. If after explanation of the risks the employee chooses not to be immunised this decision should be recorded. A note will be made on the employee's personal file as evidence that this offer has been made.

Further details can be found in KAHSC Safety Series - Medical: [M01 – Infection Control in Schools and Other Childcare Settings](#) and [M06 - Protection Against Blood Borne Infections-Viruses \(BBVIs\)](#) and the Public Health England guidance Public Health England guidance: ['Health Protection in Schools and Other Childcare Settings'](#)

Appendix A

Situations Which May Lend Themselves to Allegations of Abuse

1. Physical Contact

All staff engaged in the care and education of pupils must exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual pupil is likely to raise questions unless justification for this is formally agreed by the pupil, the organisation and those with parental responsibility.

Pupils with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each pupil. The arrangements must be understood and agreed by all concerned, justified in terms of the pupil's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a pupil has suffered previous abuse or neglect. In the pupil's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the pupil without causing them a negative experience or distress. Ensuring that a witness is present will help protect staff from such allegations.

2. Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury/damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or make a pupil comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

3. Children in Distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent/carer would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not open to misinterpretation.

Judgement will need to take account of the circumstances of a pupils' distress, their age, the extent and cause of distress. Unless the pupil needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the pupil's parents/carers or an available counselling service.

Particular care must be taken in instances which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from their line manager or other appropriate person.

4. First Aid and Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the setting, those with parental responsibility and the pupil concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The pupil's view must be actively sought and, in particular, any discomfort with the arrangements addressed.

5. Showers / Changing Clothes

Pupils are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard pupils with regard to health and safety considerations and to ensure that bullying does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupils needs require it, avoid any physical contact when children are in a state of undress and avoid any visual intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising pupils in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct e.g. adults must not change in the same place as children or shower with them.

6. Out of Hours or Off-site Activities – trips, clubs etc.

Employees should take particular care when supervising children in the less formal atmosphere of a childcare setting, residential setting or after-school activity club. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour

expected within the setting. Staff involved in such activities should also be familiar with their setting's Educational Visits procedures.

To ensure pupil's safety, increased vigilance may be required when monitoring their behaviour on field trips, residential visits etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Appendix B

Toileting Plan

Record of Discussion with Parents

Name of Child:			
Date of Birth:		Class/Group:	

	Detail/Action	Date Agreed
Working towards independence: e.g. taking child to toilet at timed intervals, using sign or symbol, any rewards used		
Arrangements for nappy/pad/clothes changing: e.g. who, where, arrangements for privacy		
Level of assistance required: e.g. undressing, dressing, hand washing, talking/signing to child		
Infection control: e.g. wearing disposable gloves, waste disposal		

<p>Sharing information:</p> <p>e.g. if the child has a nappy rash or any marks, any family customs/cultural practices</p>			
<p>Resources required:</p> <p>e.g. special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, disposal gloves</p>			
<p>Parent Signature:</p>		<p>Date:</p>	
<p>Key Staff Signature:</p>		<p>Review Date:</p>	

