



PICKERING COMMUNITY JUNIOR SCHOOL

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS (Including procedures for intimate care)

INTRODUCTION

Pickering Community Junior School welcomes the recommendations set out in the 2015 statutory guidance 'Supporting Pupils At School With Medical Conditions' and the North Yorkshire Guidance 'Procedures for Supporting Children & Young People with Medical Conditions (August 2021)' and is committed to reducing the barriers to participation in activities and learning experiences for all children. This policy sets out the steps which Pickering Community Junior School will take to ensure full access to learning for all children who have medical needs.

Through this policy we aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Medication:

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

Pickering Community Junior School will ensure that staff receive the appropriate support and training where necessary. The headteacher will agree when and how such training takes place, in their capacity as a line manager. Pickering Community Junior School will access support and training via recognised providers which may include sourcing support and training through the LA where necessary.

Prescribed Medicines

Medicines should only be brought into school when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours. It is the responsibility of parents/carers to supply written information about the medication their child needs to take in school. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form**.

Medicines will not be accepted anywhere in school without prior agreement of the Headteacher. Complete written and signed instructions from parent/carer are required on Form Med 1.

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the Headteacher or to a nominated person authorised by the

Headteacher (Mrs C Watson/Mrs L Watson/Mrs Mortimer). Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted.

Parental requests for changes to dosages will not be made without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to Form Med 1. Parents/carers or the child's doctor should provide the following details as a minimum:

- _ Name of child
- _ Name and strength of medication
- _ Dosage
- _ Time, frequency and method of administration
- _ Length of treatment
- _ Date of issue
- _ Expiry date
- _ Possible side-effects
- _ Storage details
- _ Other treatment

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

Controlled Drugs

The school agrees in principle to the administration of controlled drugs, provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication. Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs, Pickering Community Junior School will inform parents and, where necessary, the police.

Non-prescribed Medicines

Pickering Community Junior School discourages the use of non-prescribed medication but if medication is required, eg for headache, toothache or period pains, pain relief in the form of paracetamol may be administered by a member of staff. The administration of a non-prescribed medicine must* be in accordance with the school's policy, for which specific prior written agreement with parents is necessary.

Self-Management/Administration

Pickering Community Junior School encourages children, where appropriate, to manage their own medication, under the supervision or with the knowledge of staff and following procedures laid out in their individual Health Care Plan. This may include carrying their medication securely on their person, or collecting it from a lockable facility. The safety of other pupils will always be considered.

Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them. In all instances Asthma inhalers will be kept within the classroom, in a designated container/location which is recognised by all staff and the children concerned. A designated member of staff will take this container to other locations in the building when children move between areas if necessary.

Key Stage 2 children are encouraged to carry their own asthma inhalers, if appropriate.

Short Term Medical Needs

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. In certain circumstances, e.g. completing a course of antibiotics, parents may apply to the Headteacher using Form Med 1.

Supporting Children with Long Term Medical Needs/Individual Health Care Plan

Where there are long-term medical needs requiring medication, an individual Health Care Plan will be completed, using Form 2. Pickering Community Junior School will involve parents and other relevant parties such as:

- _ Headteacher
- _ Child (if appropriate)
- _ Class Teacher
- _ Staff who are nominated to administer medicines
- _ Staff who are trained in emergency procedures
- _ Specialist teacher for Physical Disability/Medical needs
- _ Health professionals (when appropriate and in line with local agreement).

The process for developing an individual Health Care Plan is set out in Annex A. In the case of long-term medication, Pickering Community Junior School will agree with parents/carers how often they should jointly review the individual Health Care Plan. This will be at least once a year, or when circumstances change. In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual Health Care Plan.

When drafting Health Care Plans for Children, Pickering Community Junior School will always have due regard to:

1. The medical condition - its triggers, signs, symptoms and treatments;
2. The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
3. Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

4. The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
5. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
6. Who in the school needs to be aware of the child's condition and the support required;
7. Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
8. Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
9. Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
10. What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by their lead clinician that could be used to inform development of their individual Health Care Plan.

Dealing with Medicines Safely

Storage

Pickering Community Junior School will ensure that all emergency medicines such as asthma inhalers and adrenaline pens are readily available to children and not locked away. Whenever possible children are encouraged to carry their own inhalers.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Medicines which need to be refrigerated are kept in a refrigerator in the medical room.

Staff should be aware of the implications for safe storage of their own medicines.

Administration of Medicines

No child can be given medication by staff employed by the school without their parent/carer's written consent.

Staff giving medicines will routinely check

1. The child's name
2. Prescribed dose
3. Expiry date
4. Written instructions provided by the prescriber the child's parent/carer.

Record Keeping

The school will keep a record of medicines given to children and the staff involved. This will also apply to off-site activities eg residential trips etc. A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

Refusing Medication

If a child refuses their medication, staff will not force them to take it but will note it in the records. We will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If a refusal to take medicines results in an emergency, the school's/setting's emergency procedures will be followed.

Sporting Activities

Pickering Community Junior School will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary. If a child wears a MedicAlert[®] (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert[®] and will keep it safe.

Educational Visits

Pickering Community Junior School is aware of its responsibilities under the Disability Discrimination Act and will make every effort to continue the administration of medication to a child whilst on trips away from the school, even if additional arrangements are required. Appropriate risk-assessments will be undertaken and agreed with the parent/carer.

Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures. Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

Home/school transport

If supervision is necessary whilst travelling on local authority transport, this will usually be identified in the child's health care plan. Where appropriate and with parental agreement, individual Health Care Plans will be shared with home-school transport escorts and respite care providers.

Disposal of Medicines

Parents/carers are responsible for disposing of medicines safely, including ensuring that date expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made of all medicines returned to parents/carers. If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be kept.

Hygiene/Infection Control

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines. Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

Training

Pickering Community Junior School will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager.

Pickering Community Junior School works within the North Yorkshire LA policy when responding to the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

General awareness raising will cover:

- The employer's policy on administration of medicines
- Tasks staff should not undertake
- Understanding labels and other instructions
- Administration methods e.g. tablets, liquids, ointments, eye drops, inhalers etc
- Infection control measures
- Side effects or adverse reactions to medicines and medical procedures and how to report this
- Recording the administration or failure to administer eg if a child refuses medicines
- How and when to contact the child's parent, GP, nurse etc
- Safe storage of medicines
- Disposal of waste materials
- Awareness of policies on infectious diseases
- Awareness of policies on admitting children with or recovering from illnesses

Unacceptable practice

The Governing body at Pickering Junior School considers the following examples of unacceptable practice.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual Health Care Plan, it is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;

- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual Health Care Plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.


Complaints

Should parents be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Policy reviewed	Policy to be reviewed	By whom:
November 2025	November 2026	Full Governing Body

Signed 



Date 23.11.25

Review date November 2026

Who is responsible for ensuring that sufficient staff are suitably trained?

In all instances it is the responsibility of the Headteacher to ensure that all staff are suitably trained. Such training will be identified through the recruitment process to new posts; as a result of Appraisal review meetings and through the existing schedule of CPD.

How Are Medical Needs Met When Staff Are Absent?

Cover arrangements in the case of staff absence are managed where possible through the suitable deployment of temporary staff. Where those staff providing cover are not suitably qualified to manage medical conditions, alternative arrangements will be made for example the redeployment of existing staff.

How are supply teachers briefed?

ZiP files are made available for those teachers covering classes who have children with medical conditions.

HEALTH CARE PLANS ARE USUALLY DRAFTED BY HEALTH PROFESSIONALS SUPPORTING THE CHILD/FAMILY. WHERE SPECIFIC ARRANGEMENTS ARE IDENTIFIED BY THE SCHOOL FOR CHILDREN NOT SUPPORTED BY OUTSIDE AGENCIES, IT WILL BE THE SCHOOL'S RESPONSIBILITY TO ENSURE HEALTH CARE PLANS ARE DRAFTED.

Form 2 Individual Health Care Plan

Name of school/setting

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family Contact Information

Name:

Phone no. (work):

(home):

(mobile):

Name:

Phone no. (work):

(home):

(mobile):

Clinic/Hospital Contact

Name:

Phone no.:

G.P.:

Name:

Phone no.:

Describe medical needs and give details of child's symptoms

Daily care requirements (eg before sport/at lunchtime)

Medicine is stored in:

Medicine will be administered by:

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

Are there any special religious and/or cultural beliefs which may affect any medical needs?

Follow up care

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

Form copied to

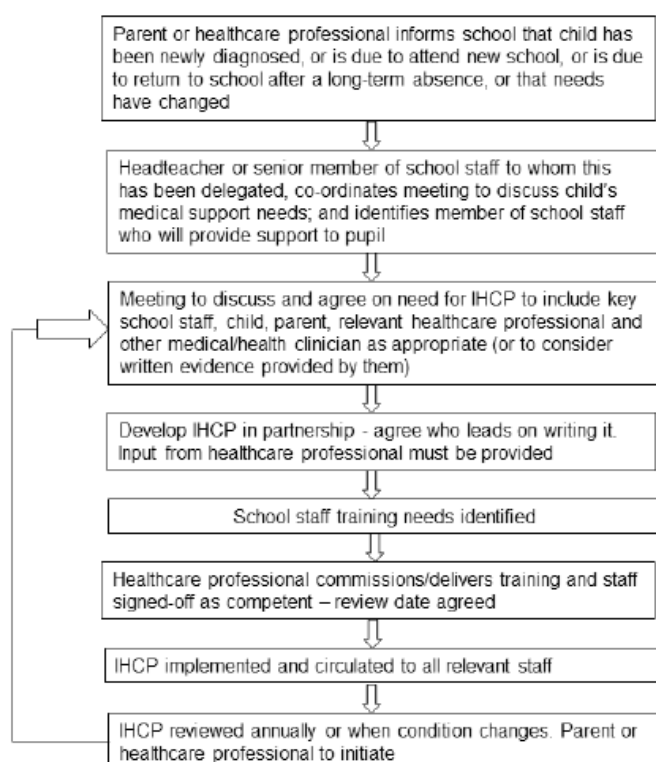
School records (electronic database)

Pupil file:

Parents/carers:

Others...

Annex A: Model process for developing individual healthcare plans



INTIMATE CARE PROCEDURES

Pickering Community Junior School

General Statement

This procedure represents the agreed principles for intimate care throughout our establishment. The purpose of this procedure is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children

Principles

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

Best Practice

Supporting dressing/undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed. Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support

Children may seek physical comfort from staff. Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as

intimate.

If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Medical procedures (See Policy on Medicines)

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is voluntary.

Any member of staff giving medicine to a pupil should check:

- The pupil's name
- Written instructions provided by parents or doctor
- Prescribed dose
- Expiry date: Parents/Carers MUST take note of any expiry date and be made aware it is their responsibility to ensure medicines are replaced promptly.

Medicines should be kept in a secure place usually in the medical room, not accessible to pupils: but arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available.

Wetting and Soiling

If a child wets him/herself the child is encouraged to wash him/herself and change into a spare pair of pants

Children wearing Nappies

See Nappy Changing Procedure

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting 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. Staff must be fully aware of the school's/organisation's Physical Intervention/Positive Handling Policy, which should comply with national guidelines.

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

Out of school trips, clubs etc.

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. 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 school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays 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.

On occasions (field trips/days out, etc.) some pupils might be short of funds and would

embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child, provided that this was disclosed to colleagues.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Protection for staff

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk.


These should include:

- Gaining a verbal agreement from another member of staff that the action being taken is necessary
- Allow the child, wherever possible, to express a preference to choose his/her carer and encourage them to say if they find a carer to be unacceptable
- Allow the child a choice in the sequence of care
- Be aware of and responsive to the child's reactions

Safeguards for children

All staff are DBS (Disclosure Barring Service) checked on application and cannot undertake tasks on site until all checks are completed satisfactorily. The DBS's aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society. Personal and professional references are also required and unsuitable candidates are not permitted to work within the organisation. All those working with children should be closely supervised throughout a probationary period and should only be allowed unsupervised access to children once this has been completed to their supervisor's satisfaction.

It is not appropriate for volunteers to carry out intimate care procedures.

Signed:	
Date:	3.12.25
Review Date:	Nov 26