

The Good Shepherd Primary Catholic Voluntary Academy



Policy for Supporting Pupils with Medical Needs

Mission Statement

Our mission is to develop our children with active and creative minds,
a sense of understanding and compassion for others
and the courage to act on their Catholic beliefs.

In our school community we celebrate our faith and we work together to
achieve our personal potential by trying to live like Jesus and become the
person that he wants us to be

Ratified On:	February 2018
Review Date:	February 2019
Chair of Governors signature:	Mrs R. Burke
Head Teacher's signature:	Mrs M.H.B.Williams

Policy Statement

- This school is an inclusive community that welcomes and supports pupils with medical conditions.
- This school provides all pupils with any medical condition the same opportunities as others at school (both school based and out-of-school).
- The school will help to ensure they can:
 - be healthy
 - stay safe
 - enjoy and achieve
 - make a positive contribution
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are debilitating and potentially life threatening, adversely affect a child's quality of life and impact on their ability to learn particularly if poorly managed or misunderstood.
- This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- The school understands that all children with the same medical condition will not have the same needs.
- The school will listen to the views of parents and carers.
- The school recognises that duties in the Children and Families Act, the Equality Act relate to children with disabilities.
- The whole school supports this policy.

Responsibilities

- This school works in partnership with all interested and relevant parties to ensure the policy is planned, implemented and maintained successfully.

Governing Body

- Ensure the medical conditions policy is effectively monitored and evaluated and regularly updated. Sign off the policy.
- Investigating and resolving any complaints brought to the attention of the Governing Body.

Head Teacher

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including pupils, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, school nurses, parents/carers, governors, the school health service, the local authority transport service, and local emergency care services
- Ensure the policy is put into action, and maintained
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans
- Ensure necessary training is provided
- Ensure pupil confidentiality
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all staff (including supply teachers and new staff) know the medical conditions policy
- Delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register

- Monitor and review the policy on an annual basis taking into account any recommendations and recent local and national guidance and legislation
- Listen to the views of parents/carers in any aspect of the supporting of the medical needs of the child.

All school staff

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand the school's medical conditions policy
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- Allow all pupils to have immediate access to their emergency medication
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school
- Ensure pupils who need medication, have it available when they go on a school visit or out of the classroom
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- Understand the common medical conditions and the impact it can have on pupils
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed
- Do not undertake any administration of medicine or undertake medical procedures for which they are not trained
- Report any concerns they may have to school management.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it
- Liaise with parents/carers, the pupil's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.

School nurse or school healthcare professional

- Help provide regular training for school staff in managing the most common medical conditions at school eg Asthma, diabetes and food allergies
- Provide information about where the school can access other specialist training.

Special educational needs coordinators

- Help update the school's medical condition policy
- Know which pupils have a medical condition and which have special educational needs because of their condition
- Ensure teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in exams or course work
- Support teaching staff.

Pupils

- Treat other pupils with and without a medical condition equally
- Tell their parents/carers, teacher or nearest staff member when they or another pupil are not feeling well
- Let any pupil take their medication when they need it, and ensure a member of staff is called
- Know how to gain access to their medication in an emergency
- If competent to do so, know how to take their own medication and to take it when they need it (Inhalers)

- Ensure a member of staff is called in an emergency situation.

Parents and Carers

- Tell the school if their child has a medical condition
- Ensure the school has a complete and up-to-date Healthcare Plan for their child where applicable
- Inform the school about the medication their child requires during school hours
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- Inform the school about any changes to their child's medication, what they take, when, and how much
- Inform the school of any changes to their child's condition
- Ensure their child's medication and medical devices are labelled with their child's full name
- Provide the school with appropriate spare medication labelled with their child's name
- Ensure that their child's medication is within expiry dates
- Keep their child at home if they are not well enough to attend school or if the child is infectious (ref. the "Exclusion Table" in the PHE document "Health protection in schools and other childcare facilities")
- Ensure their child catches up on any school work they have missed, if appropriate.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional

Training

Policy Awareness

All staff are made aware of this policy. The policy is available on the school website

Common Medical Conditions Awareness

The most common medical conditions in school age children which require support, are:

- Asthma
- Diabetes
- Epilepsy
- Eczema
- Allergic reactions (anaphylaxis if severe)
- Cystic fibrosis.

Irrespective of whether staff have volunteered to support pupils with healthcare needs and administer medication, all staff have an awareness as they may come into contact with such pupils during the course of a school day. A **basic understanding** of these common conditions will be given to help staff recognise symptoms and seek appropriate support. Training is provided as part of staff induction and refreshed at least once a year.

Administration of Medicines Training

All members of school staff providing support to a pupil with medical needs will receive suitable training as identified during the development or review of Healthcare plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

The school will ask the family of a child to provide relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views.

General Emergency Procedures

All staff know what action to take in the event of a medical emergency. This includes:

- the procedure for contacting emergency services and what information to give
- who to contact within the school

Action to take in a general medical emergency is displayed in school offices, HT Office, staffrooms and classrooms. All staff are made aware of these procedures

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives.

Staff should only take pupils to hospital in their own car in exceptional circumstances. In such cases two members of staff will accompany the pupil one of whom will be a First Aid Trained members of staff)

Pupil Specific Emergency Procedures

- All staff are aware of the most common serious medical conditions that pupils have in the school.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required to act like any reasonably prudent parent. This may include administering medication.
- Action for staff to take in an emergency for the common serious conditions at this school is displayed in the staff room.

Specific Medical Conditions

Asthma

The training gives a basic understanding of the condition and the possible triggers and develops competence in the administration of medicine including the use of inhalers and spacer devices. The training will also cover the possible side effects of medication and what to do if they occur. The type of training necessary will depend on the individual case.

All staff and particularly PE teachers will have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Allergic reactions

Training will include the recognition of the signs and symptoms of mild and severe allergic reactions, first aid procedures including the protection of airways and the recovery position, administration of medication including the use of auto-injectors and emergency procedures.

Attention Deficit Hyperactivity Disorder

Training for staff should cover the symptoms of the condition, treatment and management of ADHD.

Attention Deficit and Hyperactivity Disorder (ADHD) occurs in 3-5% of children. It is characterised by inattention, over-activity and impulsiveness and is usually present from early childhood. It can have a very detrimental effect on the child's life and development. Education is often disrupted, family life is commonly stressful and peer relations may suffer.

Many children will be prescribed stimulant medication, commonly methylphenidate which is now sold under two brand names "Ritalin" and "Equasym". A single dose of methylphenidate is effective for about 4 hours. Commonly children will have a dose at about 8am, when they leave home for school and therefore need a second dose around 12 noon, which may need to be administered at school. Methylphenidate is a class A drug and it is important that accurate records are maintained.

Cystic Fibrosis

Training will cover a basic understanding of the disease, including its genetic origins, the maintenance treatment involved including the use of therapies, mobility and drugs for a range of reasons and the effect the disease has on the child's family and their education.

Diabetes

Training will cover an understanding of the condition, the importance of diet and the symptoms of a hypoglycaemia (low blood sugar) episode. Staff should be aware of appropriate emergency treatment for low blood sugar. For some cases, identified through the individual health care plan, knowledge of how to measure blood sugar levels may be helpful.

Eczema

Training will cover the origins of the condition and the possible triggers and an understanding of the treatments available.

Epilepsy

Training will conform to nationally agreed training standards published by the Joint Epilepsy Council for the emergency treatment of seizures.

Records

A log of all training is kept by the school and reviewed every 12 months to ensure all staff (including new starters) receive necessary training.

Understanding Pupils' Medical Needs

Admissions

This school may initially learn of a child's specific medical needs through the admissions process. Parents/carers are asked if their child has any health conditions or health issues on the enrolment form, completed at the start of school.

Parents/carers of new pupils starting at other times during the year are also asked to provide this information on the 'enrolment form'.

Individual Healthcare Plans

Individual Healthcare Plans are used to:

- Detail exactly what care a child needs in school, when they need it and who is going to give it.
- Help to ensure that the school effectively supports pupils with medical conditions.
- Additional information on the impact any medical condition may have on a child's learning, behaviour or classroom performance.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure the local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.

The following information is recorded:

- Personal Details
- Family contact information
- Medical Services contact information
- Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
- Written permission from the parent/carer and the head teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.

- Exactly what help the child needs, what they can do themselves and what they need from somebody else (and who does it).
- Details of any testing the child needs to do, the procedures involved and the action to be taken depending on the result.
- General arrangements, considerations for school visits/trips etc.
- Description of what constitutes an emergency, and the action to take if this occurs
- Who is responsible in an emergency (and state if different for off-site activities)
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
- The things that need to be done before, during or after PE.
- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom
- Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, support for catching up with lessons or any counselling arrangements.
- A description of the training that has been given to whom.
- Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time

This is not an exhaustive list, and the IHP might also include other aspects of a child's care. Other documents that are relevant to a child/young person's care to the plan will be attached.

Healthcare Plan Initiation

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, if needed.

A letter inviting parents to contribute to individual healthcare plan development will be used. They will be used in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and in other cases where medical conditions are long-term and complex. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will make the decision.

School Individual Healthcare Plan register

A centralised register of pupils with medical needs which details all pupils with Healthcare Plans is stored with the Head teacher and in the office where all individual medicines are kept in named boxes. All relevant staff are informed of the register, its whereabouts and information is shared with relevant staff.

Copies of the pupil's Healthcare Plan will be sent to any emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

The school will ensure the timely transfer of Individual Healthcare Plans to the hospital in the event of an emergency.

Parents/carers at this school are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

Staff at this school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.

Administration of medication

- Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Parents are encouraged to administer medicines outside of the school day wherever possible or asked to visit the school at lunchtime when required. This will depend in part whether the prescription states a particular time rather than simply the frequency of dosage.
- If a pupil requires regular prescribed *or non-prescribed* medication at school or has a medical condition which may require medication in an emergency, parents/carers are asked to provide consent giving the staff permission
- The school understands the importance of medication being taken as prescribed.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication.
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The named member of staff is recorded on the child's Individual Healthcare plan.
- In certain specified circumstances as described on the healthcare plan, medication is only administered by an adult of the same gender as the pupil.

Types of Medication

Controlled Drugs

Any trained member of staff may administer a controlled drug to the child for whom it has been prescribed. This is a very rare occurrence. Staff administering medicine will do so in accordance with the prescriber's instructions.

Non-Prescription Medicines

In any event, staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Prescribed Medicines

Parents/carers of pupils with medical conditions will ensure that **all** prescribed medication brought in to school is clearly labelled with:

- the pupil's name
- the name of the medication
- the amount and frequency of dose
- expiry date
- the prescriber's instructions for administration

Medicines should always be provided in the original container as dispensed by a pharmacist.

All medicines, prescribed or non-prescribed, must be brought into school by an adult and handed in to the office. Office staff will ensure that the medication has the above information with it to enable safe administration of it to the pupil.

At the end of the day, an adult must call into the office to collect the medicine.

The above will be recorded on the relevant forms, by office staff.

Parents/carers will be informed that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.

Storage of medicines in school

- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.
- All classrooms have a clearly marked area in the classroom where medicines, which may be needed by pupils in that class, can be easily located and accessed. This area is marked by a green cross by the IWB in every classroom.
- Staff ensure that medication is only accessible to those for whom it is prescribed.
- Pupils who have allergies which may require an EpiPen should they come into contact with the allergen, must have two in date EpiPens in school. One EpiPen is stored in an accessible place in the classroom and the other is stored in the school office in a cupboard clearly marked with the green cross. All individual medication is kept in a clearly labelled box with the child's name, photo and contact details in it.
- All medication is sent home with pupils at the end of the school year- medication is not stored on site in the summer holidays.

Refusing / Misusing Medicines

If a child refuses to take medicine, parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Safe disposal

The Lead First Aider is responsible for checking the dates of medication and arranging for the disposal of any that have expired. This check is done on at least a termly basis and is always documented. Parents/carers are asked to collect out of date medication.

Sharps boxes are used for the disposal of needles. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

Records

This school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible.

Accessing the School and the Curriculum

- This school is committed to providing a physical environment that is accessible as is reasonably practicable to pupils with medical conditions.
- This school's commitment to an accessible physical environment includes off site visits.
- This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

- Teaching staff are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents/carers and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.
- This academy ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs. Individual healthcare plans are shared as necessary with external providers.
- If a pupil is missing significant time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.
- The academy will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO
- This academy believes that all pupils, irrespective of any medical need have an entitlement to a meaningful and fulfilling experience of PE and sport.
- Pupils with medical needs will not be treated less favourably and will be enabled to participate in sport and PE as far as is reasonably practicable. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The academy will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan.
- All PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers. The needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- The needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities.
- All staff are aware of the potential social problems that pupils with medical conditions may experience. Staffs use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

Home to School Transport

- Most pupils with medical needs will not require supervision on school transport, but the Local Authority will provide appropriate trained escorts if they consider them necessary. Guidance will be sought from the child's GP or paediatrician.
- The Local Authority Home to School transport organiser (Passenger Transport Team) has the duty to ensure that pupils are safe during any home to school journey. The arrangements is described in detail in their **Home to School Transport Medicines Policy**.

Off-Site Visits

Principles

Planning arrangements for visits and activities are sufficiently flexible to support the inclusion of pupils with medical conditions. Parents make staff aware of how a child's medical condition will impact on their participation. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible

Planning- Accessing visits

As part of any planning that supports residential or day visits the risk assessment will ensure all pupils with medical conditions are included. Factors to be considered include:

- How all pupils will be able to access the activities proposed
- How routine and emergency medication will be stored and administered
- Whether additional staff support is needed and if this will be required overnight, where help can be obtained in an emergency.
- Consider if any additional staff training is required to effectively manage medicines
- Consider whether insurance policies cover staff and pupils with pre-existing medical needs.

As part of any visit planning arrangements should be made to take sufficient supplies of any necessary medicines, ensuring they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered and that records are kept of their use.

Minor ailments occurring during a visit

Depending upon the duration and type of visit, it is likely that some participants may require medication for the prevention or treatment of minor ailments, for example:

- sunburn
- heat rash
- insect bites
- period pains, headaches
- athlete's foot
- indigestion
- sore throats, colds and coughs
- cuts and grazes
- muscle stiffness

Parents/carers are provided with a list of common non-prescription medicines and they are asked to indicate if there are any which they do not want administered to their child. At the same time parents/carers are asked about allergies to adhesive plasters. This process is carried out when sending consent forms for off-site activities to parents/carers at the start of each academic year and also at the parents' information evenings held before any residential trip takes place.

If a condition arises which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

Food Allergies / Intolerances

School Catering

The school will request parents and carers to provide food allergy information on a form given to parents on admission. (This form will also record religious diet requirements but is not to be used to record a child's likes or dislikes).

This form will be kept in the pupil's file and communicated to school catering, teaching staff, breakfast club staff, after-school club staff (if necessary) and information made available for school trips.

School catering holds a full list of allergens for all their products and their cooks are supported in menu planning and provision for children with food allergies. The kitchen will display collated information in the kitchen which compiles the pupil's dietary needs into an easy to view format.

Packed Lunches / Snacks

Nut products are not allowed in packed lunches to protect other pupils in the school.

The school has a no food-sharing policy, meaning that all children, not just those with allergy, only eat their own food. In this way there can be no confusion or need for decisions to be made about whether a child with a food allergy can or cannot have some of their friend's food.

Parents / carers are encouraged to prepare healthy packed lunches

Other food

Staff have been informed that they must have due regard to potential allergens in other food brought into school (e.g. birthday treats, taste testing). Allergen free alternatives will be brought in if necessary.

Activities

Activities such as playdough, art lessons, nature tables and care of the class pets will be considered. Contact allergies, such as eczema, could be made worse by some activities and alternative activities may be necessary. This includes work with glues, paints, and old food cartons that may include food allergens i.e. for crafts and models.

Intimate Care

Principles

All staff, following a clear management lead, are positive in their attitude to intimate care. The School is 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 with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

A risk assessment will be undertaken on any matter of intimate care which presents a significant risk (e.g. exposure to bodily fluids, manual handling) and hygiene procedures followed to avoid infection.

Definition and Procedures

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure

The Head Teacher will arrange appropriate training for school staff who are willing to administer intimate care.

Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies. These will include disposable gloves and aprons.

It is essential that the adult who is involved with the intimate care of a pupil should inform the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Staff will encourage each child to do as much for him/herself as they are able.
Wherever possible the child should be cared for by an adult of the same sex
Intimate care arrangements will be discussed with parents/carers

Soiling

Intimate care for soiling will only be given to a child after the parents have given permission for staff to clean and change the child in the event of the child soiling themselves:

If a child needs to be cleaned, staff will make sure that:

- Protective gloves and aprons are worn
- The procedure is discussed in a friendly and reassuring way with the child throughout the process
- The child is encouraged to care for him/herself as far as possible
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Privacy is given appropriate to the child's age and the situation
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet
- Any soiling that can be, is flushed down the toilet

Soiled clothing is put in a double bagged, unwashed, and sent home with the child

Safeguarding Procedures will be adhered to.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding or Local Authority Designated Officer as necessary

Equality Statement

The governors and staff are committed to providing the full range of opportunities and needs of all children regardless of their age, size, mobility, gender, ethnicity and ability. Our planning aims to foster an appreciation of each other's cultures and beliefs along with the promotion of a healthy and positive self-image. This is linked to the school's role as a Christian community, Special Education Needs and Inclusion.