The LETTA Trust

Medical Needs Policy incl. Asthma & Intimate Care

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Reviewed by:	Trust Board	**Signed:**	

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The LETTA Trust is committed to the inclusion of all pupils and wishes to ensure that pupils with medical needs receive proper care and support at school.

1. Aims

This policy aims to ensure that:

- pupils, staff and parents understand how our schools will support pupils with medical conditions
- pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Trust Board will implement this policy by:

- making sure sufficient staff are suitably trained
- making staff aware of pupil's condition, where appropriate
- making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- providing supply teachers with appropriate information about the policy and relevant pupils
- developing and monitoring individual healthcare plans (IHCPs)

Overall responsibility for implementation of this policy across the Trust rests with the Chief Executive Officer. In each school the named individuals holding the roles described in section 3 are recorded in the school information sheet at Appendix 3, which must be completed before the start of each academic year and updated whenever a post-holder changes.

2. Legislation and statutory responsibilities

Section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026; DfE, Allergy safety in schools (statutory guidance, July 2026, updated September 2026); DfE, Arranging education for children who cannot attend school because of health needs (December 2023); Keeping Children Safe in Education 2026; the Human Medicines Regulations 2012 and the Human Medicines (Amendment) Regulations 2017.

3. Roles and responsibilities

3.1 The Trust Board

The Board of Trustees of The LETTA Trust holds overarching legal accountability for ensuring that arrangements are in place to support pupils with medical conditions. The Trustees will ensure that:

- A central, statutory medical needs policy is developed, approved, and reviewed regularly

- The policy is robust, clear, and meets all statutory guidelines provided by the Department for Education
- They hold the CEO to account for the effective implementation and monitoring of this policy across all Trust schools

3.2 The Chief Executive Officer (CEO)
The CEO is responsible for the strategic oversight of this policy across the Trust. The CEO will:

- Ensure that all Headteachers are aware of this policy and understand their statutory responsibilities regarding its implementation
- Monitor compliance across all 5 schools to ensure the policy is being applied consistently and effectively
- Ensure that Trust-wide systems (such as insurance arrangements) are adequate to cover staff providing support to pupils with medical conditions

3.3 The Headteacher
The Headteacher is responsible for the operational implementation of this policy within their specific school setting. The Headteacher will ensure that:

- The Trust's policy is effectively implemented and communicated to all relevant staff, parents, and pupils
- A Designated Lead for Medical Needs is appointed for the school (see Appendix 3 for school-specific contacts)
- All staff who need to know are made aware of a child's medical condition
- Sufficient staff are suitably trained and competent to support pupils with medical conditions and administer medication where required
- Medical Tracker is used for recording all medical needs, medications, allergies and incidents
- Individual Healthcare Plans (IHCPs) are created, monitored, and reviewed at least annually for pupils who require them and uploaded to Medical Tracker

- Cover arrangements are always in place in case of staff absence or turnover to ensure someone is always available to support pupils

All staff who support pupils with medical conditions are informed that they are covered by the Trust's insurance arrangements when doing so" and "the school nursing service is contacted about any pupil with a medical condition who may require support at school but who has not yet been brought to the nurse's attention.

3.4 The designated lead for Medical Needs at school
(Note: This is typically the SENCo, Inclusion Lead, or member of the inclusion team)
The Designated Lead is responsible for the day-to-day management of medical needs within the school. They will:

- Take the lead role in writing, implementing, and reviewing Individual Healthcare Plans (IHCPs) in partnership with parents, the pupil, and healthcare professionals
- Ensure that school medical registers and emergency contact details are kept up to date

- Liaise with the school nursing service, GPs, and other relevant external agencies regarding pupils with medical conditions

3.5 All school staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. All staff will:

- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Be able to use Medical Tracker to record incidents and review medical information for pupils
- Be aware of the medical needs of the pupils they teach or supervise, and follow the relevant IHCPs
- Understand the school's emergency procedures and know who the designated first aiders are

3.6 Parents

Parents will:

- provide the school with sufficient and up-to-date information about their child's medical needs
- be involved in the development and review of their child's IHCP and may be involved in its drafting
- carry out any action they have agreed to as part of the implementation of the IHCP e.g. provide medicines and equipment
- be aware of the expiration dates of their own children's medication, and provide replacements in a timely manner to ensure the safety of their child
- provide medicine in a suitable container that clearly demonstrates it has been prescribed by a doctor
- notify the school of changes in medication or dosage. This must be done in writing and handed to the school office
- provide any protective clothing or specialist equipment required
- label medication with the following information:
    - pupil name and class
    - name of medication
    - Dosage
    - frequency of dosage
    - date of dispensing
    - storage requirements
    - date of expiry

NOTE: Parents/carers of children requesting that the school administers/supervises medication for their child will be given a copy of this policy. Parents/careers are expected to comply with the policy. If the policy is not followed, the school will not be able to administer/supervise medicines safely.

3.7 Pupils

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

3.8 School nurses and other healthcare professionals
Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

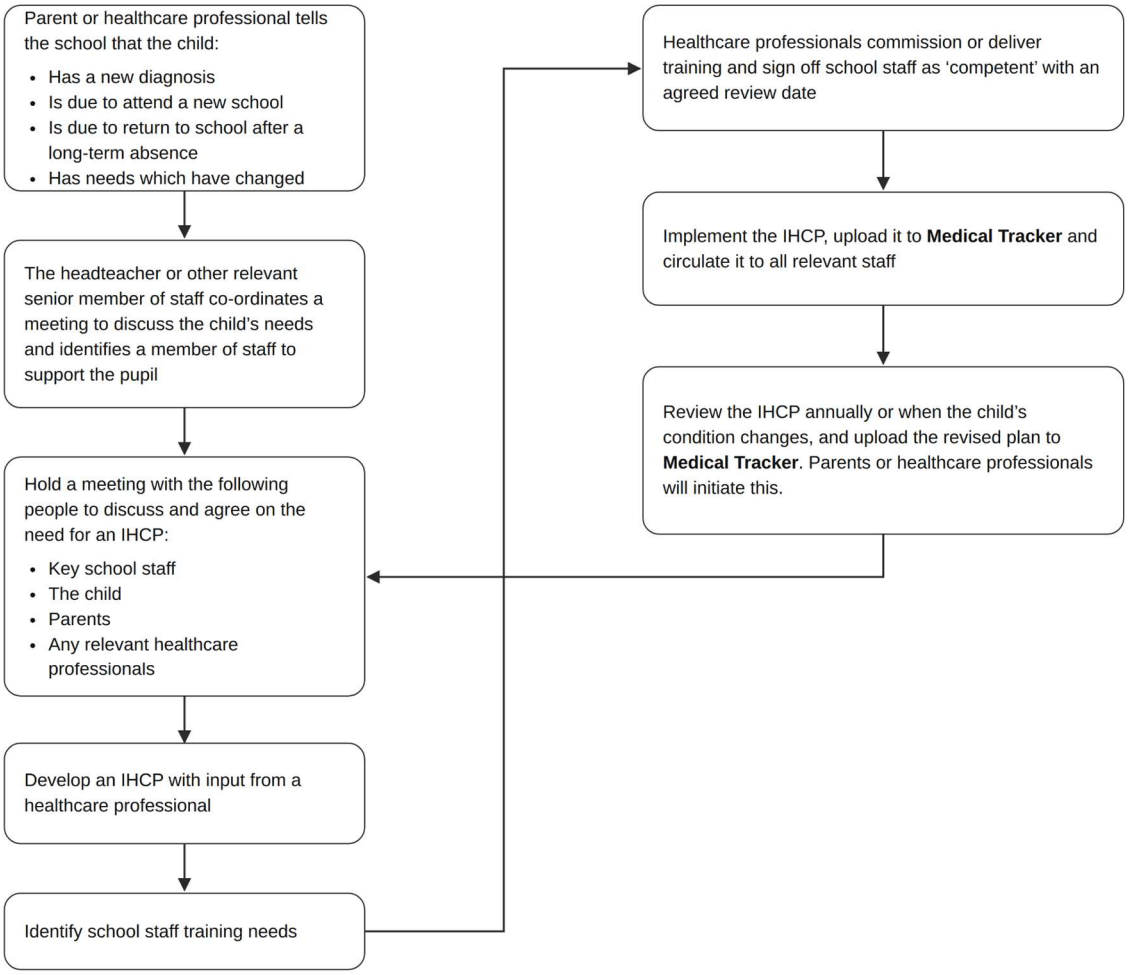
4. Equal opportunities

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

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual health care plans (IHCPs) - Kept in Medical Tracker

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the inclusion leader in each school. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

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

IHCPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEND but does not have a statement or EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, headteacher & inclusion leader will consider the following when deciding what information to record on IHCPs:

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

All medical information about a pupil's health needs must be uploaded to Medical Tracker.

7. Children with health needs who cannot attend school

The Inclusion Leader will make arrangements for suitable education to be delivered remotely to pupils with health needs who cannot attend school (see remote learning policy). If the school can't make suitable arrangements,the local authority is responsible for arranging suitable education for these pupils, particularly when a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) due to health needs. The school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required

- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

8. Managing medicines

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

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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Medication will only be accepted in school with written instruction from the GP or parent/carer; this must be signed by the parent/carer. Where the medication required is complex, there should be an individual health care plan *(see Appendix 1)*. In the case of long-term medication, the signature must be renewed at least annually. These documents will be stored with the young person's records.

Medication will only be accepted in school if it is not possible for it to be correctly administered outside the school day. Parents/carers are expected to ask their GP whether this would be possible, before requesting that the school administers the medication.
Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
The school will only accept prescribed medicines that are:

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

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

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

medicines must accompany children at all times in appropriate containers (including school trips and swimming). Mobile containers for these medications should be provided by parents/carers/GPs.

In regard to life-saving medication such as EpiPens, parents will be advised to make sure their child has a pen stored at school and another pen to carry with them on their journey between home and school.

Keys to the locked cabinet are held by school admin staff in the office. Emergency keys are also available from the inclusion leader.

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

8.1 Medications & Medical Tracker

All medications to be administered in school must be logged on to Medical Tracker. Adults responsible for administering medication will be informed by email and asked to check the details in Medical Tracker.

Stage 1- The school office will create an entry on Medical Tracker, with name of medication, dosage and frequency of administration.

Stage 2 - Nominated adult(s) will record each dose on Medical Tracker

1.

8.2 Controlled drugs

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

LETTA Trust schools follow best practice when handling controlled drugs to keep everyone safe. Schools will follow these rules when dealing with controlled drugs:

- A clear record will be kept of the amount of medicine in school, and the date and time it is given
- The record must include the name of the person giving the medicine, the amount (dose) given, and how it was given (for example, by mouth or injection)
- Wherever possible, there should be another adult (a witness) when the medicine is given, and when it arrives at or leaves the school
- Staff will check the stock often to make sure the amount is correct, and the medicine is still in date
- If the medicine is no longer needed or is out of date, it must be returned to the parent or carer, who should take it back to the pharmacy. This makes sure there is a clear record of what happened to the medicine

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

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

8.3 Pupils managing their own needs
Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents, and it will be reflected in their IHCPs.

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

8.4 Administering medicines
Each administration of medicines will be recorded on Medical Tracker.
8.5 Refusing medication
If a pupil refuses medication, they will not be forced to take it. The school will inform parents as a matter of urgency if this occurs. Failure to take medicine must be recorded on Medical Tracker also

8.6 Errors and incidents
If there is an accident when giving medication, or an extreme adverse reaction, or the agreed procedures are not followed, medical advice is sought immediately by dialling NHS 111or 999 depending on severity. This must be recorded on Medical Tracker.. The time of the incident should be recorded.

Parents/carers should be advised as soon as possible. The time that they are informed should be recorded.

A log of the incidents must be recorded on Medical Tracker.

There will be a review after any serious incident or near miss, considering whether the arrangements were appropriate and whether the policy or the pupil's IHCP needs to change, and to report to the local governing board.
8.7 Disappearance/disposal of medicines & equipment
In the event of medicines going missing or being stolen, the Headteacher will be notified immediately and should contact the LA for advice. If it is clear that there has been a theft, the police should immediately be informed.

8.7.1 Disposal of sharps
In the case of a child requiring regular injections or blood sugar level testing, all used needles and syringes must be disposed of in a sharps box (provided and collected by the parent).

8.7.2 Disposal of blood-contaminated material
All materials contaminated by blood must be placed in one of the sanitary bins located in all adult toilets.

8.7.3 Disposal of medicines

Unwanted, unusual or outdated medicines must be returned to parents/carers, who should sign for their receipt.

In the event that parents/carers cannot be contacted, the medicines will be given to the school nurse who will sign for their receipt and arrange disposal.

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

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

9. Emergency procedures and medication

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
-
- for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's individual healthcare plan

Where a pupil is believed to be having a severe allergic reaction, staff will administer adrenaline without delay and then call 999. The pupil's own prescribed device will be used where it is available; the school's spare adrenaline device will be used where the pupil's own device is not available, has misfired, or where the pupil has no diagnosed allergy. Staff will not delay administering adrenaline because a consent form has not been completed. A second dose will be given after five minutes if there is no improvement. The pupil must not be allowed to stand or walk. Detailed arrangements are set out in the Trust Allergy Safety Policy.

10. Training

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

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the inclusion leader at each school. Training will be kept up to date.

Training will:

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

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

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

11. Record keeping

Those in governance will ensure that the Medical tracker is used to record all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. IHCPs are to be uploaded to Medical Tracker.

12. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.
We are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the school's inclusion leader in the first instance. If the inclusion leader cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the Trust Board annually.

15. Links to other policies:

- First Aid Policy
- Allergy Policy
- Accessibility Plan
- Complaints Procedure
- Equality Information and Objectives
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Inclusion Policy including SEN information reports
- Staff Code of Conduct
- Remote Learning Policy

Asthma Policy

1. Background

This has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents, carers and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils.

Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

Our school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma. The school encourages children with asthma to achieve highly in all aspects of school life by having a clear policy that is understood by school staff, Tower Hamlets LA and our pupils. New staff are also made aware of the policy via our Induction procedures. Asthma training is held for our staff once a year.

2. Medication

Immediate access to reliever inhalers is vital. Children are expected to carry their reliever inhaler at all times. All inhalers must be labelled with the child's name by the parent.
Full guidance on administering medicines is found in our medical needs policy.
All staff will let children take their own medication.

3. Record keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma, and for any details of medication taken. Parents are asked to notify the school if these details change. (The medication registration form should be completed). This information is kept in the medical needs register. The register of children with medical needs is available in all classes.

4. The curriculum

All pupils are expected to take part in all activities, which are adapted to meet individuals' needs as appropriate, unless alternative arrangements have been agreed as part of an individual programme.

PE teachers are aware of which children have asthma. Students with asthma are encouraged to participate fully in PE. They are expected to keep their inhaler with them if PE is an off-site activity. Staff members provide a safe place to keep inhalers during activities when they cannot be carried. Pupils should use inhalers as needed during PE lessons. The school only uses chemicals in science and art lessons that are potential triggers for children with asthma when this is a required part of the national curriculum. If children are affected by this and need to leave the environment, the school will make alternative arrangements for them.

5. The school environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school only has hairless pets and has a no-smoking policy.

6. When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

7. Asthma attacks

All staff who come into contact with pupils with asthma knows what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom.

Intimate Care Policy

1. Rationale

2.

It is our intention to develop independence in each child however, there will be occasions when additional help is required.

Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our provision of pastoral care.

The principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities include:

- Feeding
- Oral care
- Washing
- Changing clothes
- Toileting
- First aid and medical assistance
- The supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

3. Principles of intimate care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent.

4. School responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Consent forms are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to a Designated Leader for Safeguarding and Child Protection (DSL). Named DSLs for each school are specified in the appendices of the child protection & safeguarding policies.

5. Guidelines for good practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff:

- Involve the child in the intimate care
- Try to encourage a child's independence as far as possible in his or her intimate care
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation
- When intimate care is given, the member of staff tells a member of their team that they are providing intimate care and where they will be doing this. The door to the changing area will be left open whilst protecting the privacy of the child
- Staff will not apply creams, but will support the child to do it themselves if medically necessary
- Staff are trained on the signs and symptoms of child abuse through annual Safeguarding training
- Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body

worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling, report it immediately to a DSL
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log

6. Working with children of the opposite sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care, but the current ratio of female to male staff means that assistance will more often be given by a woman.
The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. Report any concerns to the DSL and make a written record. Parents must be informed about any concerns

7. Dealing with body fluids and infection control

LETTA Trust schools follow government guidance on infection control, including advice from *Health Protection in Schools and other Childcare Facilities*:

- Staff will always use the correct personal protective equipment (PPE), following instructions from the Health and Safety team.
- Urine, faeces, blood, and vomit will be cleaned up immediately and safely disposed of in the correct bins.
- Special spill kits must be used for cleaning up blood spillages.
- For vomit, urine, and faeces, staff should use disposable masks, aprons, and clinical waste bags and clean the area with hot water and detergent.
- Nappy bins will be provided for children who still wear nappies.
- When handling body fluids, staff will wear protective clothing such as disposable plastic aprons and gloves and wash their hands thoroughly afterward.
- Soiled clothing will be placed in a bag to go home with the child. Staff will not rinse or wash the clothes.
- Children will be kept away from the affected area until the spill has been fully cleaned.
- Clinical waste bins are located in designated areas throughout the Trust for safe

disposal of contaminated waste.

8. Communication with children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Wait for response
- Continue to explain to the child what is happening even if there is no response
- Treat the child as an individual with dignity and respect
- **establish** terminology for parts of the body and bodily functions**, ideally as part of the child's care plan**

9. Unacceptable practice

School staff should use their judgement in each situation, but it is generally not acceptable to:

- Prevent pupils from taking toilet or other necessary breaks to manage their medical condition effectively.
- Require parents, or make them feel they must, come to school to give medication or medical support, including for toileting needs. No parent should have to give up working because the school does not properly support their child's medical needs.
- Stop pupils from taking part in any part of school life or create unnecessary barriers that prevent their participation, including on school trips.

This policy will be reviewed annually in conjunction with guidance from the School Nursing service. Headteachers will monitor the application and outcomes of this policy to ensure it is working effectively.

Appendix 1

Health Care Plan for a Pupil with Medical Needs

Confidential Document - to be uploaded to Medical Tracker

Name:

Date of Birth:

School:

Class/Form:

Medical Condition:

1. ……
2. ……
3. ……

CONTACT INFORMATION

Family contact 1	**Family contact 2**
Name:……	Name:……
Relationship:……	Relationship:……
Tel. (work)……	Tel. (work)……
(home)……	(home)……

Healthcare Professionals Involved

Clinic/Hospital contact	**G.P.**
Name: ……	Name: ……
Phone No:. ……	Phone No:. ……
Address ……	Address……
Other: Profession……	Other: Profession……
Name: ……	Name: ……
Phone No:. ……	Phone No:. ……
Address ……	Address……

……..

Postcode …… Postcode ……..

Describe medical condition and give details of pupil's individual symptoms:

- **Causes/Triggers:** ……

  ……

  ……

- **Symptom/s:**

  ……

  ……

  ……

- **Presentation/s (What part of the body is affected)**

  ……

  ……

- **Other Significant Factor/s**

  ……

  ……

  ……..

Daily care requirements at School : (e.g. before sport/at lunchtime)

……

……

……

……

……

……

- **Medication in School dose and when to give for each condition. Please number each condition**
  Separately with each medication: (e.g. routinely, when in pain; if pupil has fever)

……

……

……

……

- **Medication at home: Please number each condition separately with each medication**

……

……

……

What constitutes an emergency in each separate medical condition: Please number each condition

……

……

……

……

……

Action to be taken in an emergency, including who to call and when to call:

……

……

……

……

Medications stored at (location or if with Pupil):

……

……

Members of staff trained to administer medication or where to locate list of trained members of staff:

……

……

……

Past Medical History (i.e. Serious Illness or Operation):

……

……

Allergies:

……

Immunisations:

2,3,4 months **12 months** **13 months** **Pre School**

School Leaver

Other

I agree that the medical information contained in this form may be shared with individuals involved with the care and Professional staff of (e.g Education, Social Services, Voluntary Sector (Play scheme) :

- ……
- ……
- ……

Signed……. **Date: ……..**
(parent or guardian)

Signed……. **Date: ……**
(pupil)

Plan prepared by:

Name: …….. **Designation: ……..……..**

Date: …… **Review date……...**

Distribution: School nurse Parent GP Other (name)

Appendix 2: to be added to school letterhead

Parents' Consent Form for Administering Medication

I have read and agree with the school's Medical Needs Policy

The medication for my child cannot be provided outside the school day, and I therefore request support from the school.

Parent/carer's signature:

Please print the name of parent:

Date:

School agreement signature (class teacher):

Please print name of teacher:

Child's name:

D.O.B.:

The dosage is as follows: …… of……

To be administered at ……..……(time/s)

From: (date) to: (date) inclusive

MEDICINE TO BE HANDED TO CLASS TEACHER AT BEGINNING OF EACH DAY

Any other comments:

……

Medical Information Sheet

This appendix must be attached to the policy when distributed at school. It must be completed, kept up to date, and made available to staff, parents, and visiting professionals. It must be updated whenever a key staff member changes.

School name: Bygrove Primary School

Academic year: 2026/2027

Date completed: September 28th 2026

1. Key contacts:

- **Headteacher:** Fiona Durnian
  (Responsible for overall implementation within the school)
- **Designated Lead for Medical Needs:** Isha John
  (Responsible for writing IHCPs and day-to-day management)
- **SENCo:** Isha John
- **Lead First Aider:** Vicki Jose
  (Main contact for administering medication and immediate first aid)
- **Link member of the Local Governing Board for Safeguarding and Inclusion:** Fatima Begum
- **School Nurse:** Tiffany. Contact number: 02039540091

2. Key locations

- **Where is the central medical register kept?**
  SIMs and Medical Tracker
- **Where are Individual Healthcare Plans (IHCPs) kept?**
  Medical Tracker and accessible via the staff shared drive
- **Where is pupil medication securely stored?**
- In the locked cabinet in 'The Hub'
  Asthma inhalers and auto-injectors are kept unlocked and accessible in the child's classroom.
- **Where is the emergency backup asthma inhaler / AAIs (if held) stored?**
  In 'the Hub' next to the school office, clearly labelled on a shelf.

3. First aid staff

The following staff members are fully trained First Aiders (or Paediatric First Aiders) and have received specific training for managing medical conditions (e.g., asthma, epilepsy, anaphylaxis, diabetes):

Staff Name	Role	Date of Last Training
Vicki Jose	First Aider at Work	Expires 23/11/2028
Donna Nathan	Paediatric First Aider	Expires May 2026
Janet Baker	Paediatric First Aider	Expires May 2026
Katie Campbell	Paediatric First Aider	Expires May 2026
Rashma Ahmed	Paediatric First Aider	Expires May 2026
Rasma Begum	Paediatric First Aider	Expires May 2026
Gulshan Jany	Paediatric First Aider	Expires April 2027
Millie Chowdhury	Paediatric First Aider	Expires April 2027
Radeya Maryum	Paediatric First Aider	Expires April 2027
Ekram Akkaoui	Paediatric First Aider	Expires May 2027
Ajizun Nehar	Paediatric First Aider	Expires November 2027
Lauren Langley	Paediatric First Aider	Expires November 2027
Sherin Khanam	Paediatric First Aider	Expires June 2028

Karen Sullivan	Paediatric First Aider	Expires June 2028
Jane Feeney	Paediatric First Aider	Expires November 2028
Jacqui Sloan	Paediatric First Aider	Expires November 2028
Nazifa Jannah	Paediatric First Aider	Expires December 2028
Neshin Choudhury	Paediatric First Aider	Expires December 2028
Fozia Akhtar	Paediatric First Aider	Expires December 2028

(Note: A full, updated list of all trained first aiders is displayed in the staff room, medical room, and main office).

4. Emergency procedures

In the event of a medical emergency, staff must dial 999 and immediately notify the Main Office.

- **Designated staff member to escort pupil to hospital (if parents are unavailable):** Isha John - Assistant Headteacher