

The Sandon School



MEDICAL POLICY

Last Adoption Date: March 2018

Next Review Date: Spring 2021

Introduction

1. The Sandon School wishes to ensure that students with both physical and mental medical conditions receive appropriate care and support at school. It is important for them to access education including sporting activities and school trips. This policy has been developed in line with the Department for Education's guidance relating to – "Supporting pupils at school with medical conditions". Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities and this includes children with medical conditions in particular students with chronic or long term conditions. For the avoidance of any doubt the term 'medication' is a general term referring to prescribed and 'over the counter' medicines, and 'prescribed medication' is medicines or a device prescribed by a Doctor or Nurse. References in the policy to Parents includes Carers.

The Governing Body is responsible for:

2. Promoting cooperation between relevant partners and stakeholders regarding caring and supporting students with medical conditions.
3. Providing support, advice and guidance to The Sandon School and its staff.
4. The overall implementation of this Policy and its associated procedures.
5. Ensuring that this Policy links with those relating to Equality, Safeguarding and SEND (Learning Support)
6. Handling complaints through the school's Complaints Policy
7. Ensuring that all students with medical conditions are able to participate as fully as possible in all aspects of school life.
8. Ensuring that relevant training is delivered to staff members who take on responsibility to support students with medical conditions.
9. Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
10. Ensuring the school complies with requirements for insurance and the keeping of records in relation to students with medical conditions.
11. Keeping written records of any and all medicines administered to Students.

The Headteacher is responsible for:

12. The day-to-day implementation and management of this Policy and associated procedures.
13. Consulting and collaborating with students, parents, social and healthcare professionals regarding the medical conditions of students.
14. Ensuring staff are aware of a student's medical condition.
15. Developing Individual Healthcare Plans (IHCPs). The Headteacher will make the final decision on conflicting medical evidence and the contents of an IHCP.
16. Ensuring a sufficient number of trained members of staff are available to implement this Policy and deliver IHCPs in normal, contingency and emergency situations.
17. Ensure all appropriate risk assessments are made in particular those relating to activities outside normal hours, school visits, sporting activities and home/school transport.

Staff members are responsible for:

18. Taking appropriate steps to care and support students with medical conditions.
19. Where necessary, making reasonable adjustments to include students with medical conditions into lessons and other activities arranged through the school.
20. Supervising medication as agreed with Parents.
21. All staff who agree to have specific responsibility will undertake training to achieve the necessary competency for supporting students with medical conditions.
22. Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

School nursing services are responsible for:

23. Notifying the School when they are aware a student has been identified with requiring care or support in school due to a medical condition.
24. Liaising locally with lead clinicians and other social and healthcare professionals on appropriate care and support.
25. Administering the immunisation programme.

Parents and prospective Parents are responsible for:

26. Keeping the School informed about any changes to their child/children's health. They must advise the school immediately if they are aware their child has a medical condition requiring care and support.
27. Completing a 'Request for school to Administer Medication' form before bringing medication into school.
28. Providing the school with the medication their child requires and keeping it up to date.
29. Collecting any leftover medicine at the end of each term
30. Assist in developing an IHCP for their child in collaboration with the Business Manager, first aid staff and healthcare professionals. They should remember that the Headteacher makes the final decision as to the contents of the IHCP if these are not agreed with the Business Manager.

Students:

31. Students should be encouraged to take responsibility for managing their own medicines and procedures.
32. Students should attend the first aid room where medicines will be stored in a locked cabinet or the fridge. Students will not generally be allowed to carry their own medicines and devices unless with expressed permission.
33. If a student refuses to take medication or to carry out a necessary procedure, Parents will be informed so that alternative options can be explored.

Individual Health Care Plans (IHCPs)

34. Where necessary, an IHCP will be developed in collaboration with the student, parents, school staff and social or healthcare professionals as appropriate.
35. IHCPs will be confidential but stored on SIMS (computer system) for staff access. Confidentiality is not totally guaranteed. There may be requirements for disclosure to third parties in some cases.
36. IHCPs will be reviewed at least annually or when a student's medical circumstances change, whichever is sooner.
37. Where a student has an Education Health and Care plan or Special Educational Needs Statement, the IHCP will be linked.

Managing Medicines

38. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of School. Medicines are only administered at School when it would be detrimental to the health or attendance of a student not to do so.
39. If medicines must be administered in School, the parents of a student under 18 must complete and sign a 'Request for School to Administer Medication' form to allow the school to store and supervise the taking of medication.
40. Where a student is prescribed medication without their parents' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality whenever possible.
41. No student under 16 years of age will be given medication without the consent of the parent except in exceptional circumstances. No medication containing aspirin will be given without a doctor's prescription. If other over the counter medicine is administered, the School must check the maximum dosage and when previously taken.
42. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be stored in school.
43. A maximum of four weeks supply of the medication may be provided to the school at one time.
44. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to unauthorised others will be dealt with under our Drugs Policy. Security arrangements for each individual with prescribed controlled drugs will be confirmed by the school.
45. Medications will be stored in a locked cupboard or if appropriate kept in the fridge in the First Aid Room.
46. Any medications left over at the end of each term will be returned to the student's parents or the student if 18 or over.
47. Written records will be kept of any medication administered to students. Parents will be informed if medication is administered without consent in exceptional circumstances.
48. Students will never be prevented from accessing their medication.
49. The School cannot be held responsible for side effects that occur when medication is taken correctly or self-administered incorrectly.
50. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergencies

51. Medical emergencies will be dealt with under the school's emergency procedures/ Incident Management Plan. See also Defibrillation procedures Appendix 1.
52. Where an IHCP is in place, it should detail:
 - What constitutes an emergency
 - What to do in an emergency
53. Students will be informed in general terms of what to do in an emergency such as telling a teacher
54. If a student needs to be taken to hospital, a member of staff will remain with the student until a Parent arrives.

Procedures

55. The school has a number of procedures associated with this policy, the staff 'First Aid Procedures' booklet issued to all new staff and on the staff area of Ispace. There are also more detailed procedures for students with Asthma, Diabetes, Epilepsy and those at risk of Anaphylaxis (see Appendix 2). There are also procedures relating to Intimate Care (see Appendix 3). These will be available on the staff and parents area of Ispace

Unacceptable Practice

The school understands that the following practices are unacceptable

56. Trying to force a student to take medication
57. Assuming students with the same condition require the same treatment
58. Ignoring the views of students and/or their parents.
59. Ignoring medical evidence or opinion
60. Sending students home frequently or preventing them from taking part in activities in school
61. Sending a student to the first aid room alone if they become unwell
62. Penalising students with medical conditions for their attendance record where their absences relate to their condition
63. Making parents feel obliged to attend school to administer medication or to provide medical support.
64. Creating barriers to students participating in school events, including trips

65. Refusing students to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

66. Staff who undertake responsibilities within this policy are covered by the school's insurance. Full details are available from the Business Manager.

Complaints

67. Any complaints regarding the schools care and support of students with medical needs should be directed to the schools Complaints Policy.

This policy was adopted by the Governing Body on 19 March 2018. It will be widely publicised and will be reviewed at least every three years.

Appendix 1- Defibrillation Procedures

The school has two defibrillators (AED) stored in the first aid room and the site office. The portable AEDs are for use in an emergency situation when a casualty has a serious cardiac rhythm disturbance causing unconsciousness e.g. a heart attack. They will not be effective in all cardiac emergencies but may be of benefit in a small proportion of acute emergencies.

The AEDs in school were chosen with the support of the charity 'Sudden Adult Death Syndrome' (SADS) and the London Ambulance Service. It will not apply a shock to the casualty unless it is appropriate. At every stage, the equipment talks to the user, instructing them what to do.

There are a number of staff trained to use these and a list is displayed by each AED. The defibrillator is checked monthly by the Site Manager (see monitoring log).

Emergency Procedure Response.

1. Standard First Aid response
2. First Aider requests (or requests a colleague to summon) an ambulance and an AED
3. First Aid and basic life support given by First Aider
4. AED (and operator if appropriate) attends and applied AED whilst waiting for ambulance.
5. Accident/Incident form completed after event and submitted to Business Manager.
6. Any clinical waste arising from the incident should be collected and sealed in a yellow clinical waste bag.



APPENDIX 2 – General procedures for specific medical conditions

ASTHMA - Procedure for treatment of students with Asthma

This document has been prepared to inform staff, parent and carers of the current procedure for the care of students who suffer from Asthma. It is intended to be used in conjunction with an individual care plan agreed by parents/carers.

1. Identification of Students

The identification of Students is via school data check sheets or other notification from parents. The school will then complete an IHCP (in severe cases) and sent to parents with this procedure for agreement.

2. Communication

The diagnosis of asthma will be recorded on SIMS together with the agreed IHCP (for severe cases only) attached to the students SIMS record. For server cases, staff will be informed via email and updated 'Student at Risk' medical information circulated termly or when a change in condition or treatment is notified. This guidance will be available on Ispace and a link sent to all staff termly. A paper copy will be kept in the staff room and the First Aid room.

3. Parents/ Carers

- Parents/ carers must inform the school of any changes to the treatment of their child and must review the IHCP annually.
- Parents/ carers must provide a treatment guide provided by Doctor or asthma nurse and complete a 'medicine form'
- Parents/ carers must provide medication and have responsibility for renewing this periodically labelled by the pharmacy
- Students may be permitted to carry inhalers where agreed, otherwise medication will be kept in the locked medical cabinet.

4. First Aid Staff

- Aim to provide fast effective first aid in the event of a student suffering from asthma
- Circulate this information termly
- Check the medical cabinet to ensure medication/inhalers are in date and contact parents for updated supplies where we hold such medication
- Review IHCP annually with parents/carers (for severe cases only)
- Ensure trained staff are on site during school hours

5. Symptoms

Initial symptoms may be:

- Coughing
- Wheezing
- Shortness of breath
- Tightness in chest

Action

The student must use their 'Reliever' inhaler (usually Blue) that is either carried by the student or provided to the school by the parent/ carer. This should relax the muscles surrounding the airway which allows it to open wider making it easier to breathe again.

6. Severe reaction

- Silent breathing
- Inability to speak
- Blue discoloration of lips and nails

Action

- Encourage student to take 2 puffs of the blue reliever inhaler immediately
- Sit student down and loosen tight clothing (do not lie down)
- Call first aid staff
- Ask colleague to call ambulance
- Call parents
- If no improvement after 5-10 minutes encourage the student to take 1 puff of the inhaler every 5 minutes until help arrives.
- Complete incident form

7. Emergency Inhalers

The School will hold a supply of asthma salbutamol inhalers to use in emergency situations. We will place a diary entry with the First Aid officers to ensure that they are always in date and a new supply ordered when necessary.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

We may also administer an inhaler on the specific advice of the ambulance service.

8. School Trips

- The teacher responsible for organising the school trip must liaise with first aid staff at least **3** weeks prior to the trip to identify any risks and their solutions. Contact with the parents/ carers may be necessary to ensure inhalers are given to their child.
- Staff in charge of the student's groups must be aware of how to treat asthma symptoms.
- The risk assessment must reflect the student who suffer from asthma
- Parents/ cares must ensure students carry appropriate medication/ inhalers for the trip.
- The emergency inhaler may be carried for students for whom parental consent has previously been obtained or on the advice of the ambulance service.

This guidance will be reviewed annually



EPILEPSY - Procedure for treatment of students with Epilepsy and those requiring Buccal Medicine

This document has been prepared to inform staff, parent and carers of the current procedure for the care of students with epilepsy and for the administration of buccal medicine (this is medicine which can be used if a fit is prolonged and may help arrest the seizure). It is intended to be used in conjunction with an individual care plan agreed by parents/carers.

1. Identification of Students

The identification of Students is via school data check sheets or notification from parents. The school will then complete an IHCP and sent to parents with this procedure for agreement.

2. Communication

The diagnosis of Epilepsy will be recorded on SIMS together with the agreed IHCP attached to the students SIMS record. Staff will be informed via email and updated 'Student at Risk' medical information circulated termly for severe cases or when a change in condition or treatment is notified. This guidance will be available on iSpace and a link sent to all staff termly. A paper copy will be kept in the staff room and the First Aid room.

3. Parents/ Carers

- Parents/ carers must inform the school of any changes to the treatment of their child and must review the IHCP annually.
- Parents/ carers must provide a treatment guide provided by Doctor or epilepsy nurse and complete a school 'Request for School to Administer Medication' form.
- Parents/ carers must provide medication and have responsibility for renewing this periodically labelled by the pharmacy
- Students must alert staff if they feel unwell or consider a fit is likely.

4. First Aid Staff

- Aim to provide fast effective first aid in the event of a student suffering from epilepsy
- Circulate this information termly
- Check the medical cabinet to ensure medication are in date and contact parents for updated supplies where we hold such medication
- Review IHCP annually with parents/carers
- Ensure trained staff are on site during school hours

5. Symptoms/ Treatment

- In the event of a fit the student should be allowed to remain where they are and any item that could cause further harm removed eg, tables, chairs.
- Do not attempt to restrain the student or put anything in their mouth
- Record the time the fit commenced to provide to medical professionals
- Call first aid staff
- Most fits end fairly quickly but in the event that a fit last more than 5 minutes then an ambulance will need to be called and Buccal medicine (where prescribed) will be administered by first aid staff (see below).
- Call parents

6. Administration of Buccal medicine

- IHCP and medication will be stored in locked cupboard in First Aid room
- Buccal medicine will only be administered by trained staff
- An ambulance must be called
- Complete incident form

7. School Trips

- The teacher responsible for organising the school trip must liaise with first aid staff at least **3** weeks prior to the trip to identify any risks and their solutions. Contact with the parents/ carers may be necessary.
- Staff in charge of the student's groups must be trained to deal with Epilepsy and how to administer Buccal medicine.
- The risk assessment must reflect the student with Epilepsy.
- Parents/ cares must ensure students carry appropriate medication for the trip

This guidance will be reviewed annually



DIABETES - Procedure for treatment of students with Diabetes

This document has been prepared to inform staff, parent and carers of the current procedure for the care of students with diabetes. It is intended to be used in conjunction with an individual care plan agreed by parents/carers.

1. Identification of Students

The identification of Students is via school data check sheets or notification from parents. The school will then complete an IHCP and sent to parents with this procedure for agreement.

2. Communication

The diagnosis of diabetes will be recorded on SIMS together with the agreed IHCP attached to the students SIMS record. Staff will be informed via email and updated 'Student at Risk' medical information circulated termly for severe cases or when a change in condition or treatment is notified. This guidance will be available on iSpace and a link sent to all staff termly. A paper copy will be kept in the staff room and the First Aid room.

3. Parents/ Carers

- Parents/ carers must inform the school of any changes to the treatment of their child and must review the IHCP annually.
- Parents/ carers must provide a treatment guide provided by Doctor or diabetic nurse and attend a meeting in school to discuss the management of the diabetes in school.
- Parent must complete a school 'Request for School to Administer Medication' form.
- Parents/ carers must provide medication and have responsibility for renewing this periodically labelled by the pharmacy. Adequate glucose supplies must also be provided to their child. Emergency glucose supplies should also be provided and replenished by parents each term.
- Students must ensure they carry a working blood testing kit.
- Students are encouraged to manage their diabetes independently but first aid staff are available in a supervisory role. Blood sugar level testing may be done in the privacy of the First Aid room particularly for a new diagnosis where first aid staff will assist with any recording and monitoring. The administration of insulin must always be done in the First Aid room where a sharps bin is available for needles and a refrigerator for supplies.
- Students must alert staff if they feel unwell.

4. First Aid Staff

- Aim to provide effective first aid for student with diabetes
- Circulate this information termly
- Check the medical cabinet/ fridge to ensure medication and glucose supplies are in date and contact parents for updated supplies where we hold such medication
- Review IHCP annually with parents/carers
- Ensure trained staff are on site during school hours

5. Symptoms of Hypoglycaemia (low blood sugar levels)

The optimum blood glucose level is between 4 and 7 mmol, less than 4 is considered to be Hypoglycaemia. If a meal is delayed, a student has been very energetic or the temperature is high blood sugar levels can fall causing a 'hypo'.

- Feeling weak or trembling
- Pale with cold clammy skin
- Feeling of hunger
- Sweating
- Shallow breathing
- May appear confused, belligerent, aggressive or uncooperative
- Teenagers or those newly diagnosed may not always recognise the warning signs

6. Treatment of Hypoglycaemia

- Students will have an IHCP but the following instructions are a **general** emergency/ initial treatment, first aid staff will be aware of IHCP.
- Student must be allowed to eat in the classroom (they should carry their own supplies) and should not walk to the First Aid room if a 'Hypo' is suspected.
- Immediate treatment is with 3 glucose tablets or a Lucozade drink and wait 15 minutes before eating food (spare glucose supplies are held in the First Aid room)
- Glucogel may be used if supplied by parent/carer, this will be kept in the First Aid room.
- Medication will be stored in a locked cupboard/ fridge in the First Aid room
- If student is unable to swallow or has lost consciousness put into recovery position and ask colleague to call an ambulance informing the operator that the student is suffering from a diabetic hypo. In this case no attempt should be made to give the student food or liquid as there is a risk of choking.
- Call parent/ carer
- Complete incident form

7. Symptoms of Hyperglycaemia (high blood sugar levels)

- Thirst
- Fatigue
- Frequent need to urinate

8. Treatment of Hyperglycaemia

- Call first aid staff
- Student to drink plenty of water
- Student to test ketones
- Take appropriate action as per IHCP
- Student to administer correct dose of insulin

9. PE

The 'safe practices in PE and School Sport' document is available in the PE department. Students should take his emergency glucose supplies to field events. The general advice for diabetic students undertaking exercise is:

- To monitor blood sugar levels before, during and after exercise.
- If blood sugar levels before exercise are below 5 or above 14 then exercise should be delayed
- Take extra carbohydrates as per IHCP
- Student to advice teacher is suspect Hypo
- Teacher to be aware of IHCP
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10. School Trips

- The teacher responsible for organising the school trip must liaise with first aid staff at least **3** weeks prior to the trip to identify any risks and their solutions. Contact with the parents/ carers will be necessary.
- Staff in charge of the student's groups must be trained to deal with diabetic emergencies and be fully aware of IHCP
- The risk assessment must reflect the student with diabetes.
- Parents/ cares must ensure students carry appropriate medication, glucose supplies and testing equipment for the trip
- Staff to consider the attendance of a first aid staff on the trip, particularly for those students recently diagnosed

This guidance will be reviewed annually



ANAPHYLAXIS - Procedure for treatment of students at risk of Anaphylaxis

This document has been prepared to inform staff, parent and carers of the current procedure for the care of students who are at risk of anaphylaxis. It is intended to be used in conjunction with an individual care plan agreed by parents/carers.

1. Identification of Students

The identification of Students is via school data check sheets or notification from parents. The school will then complete an IHCP and send to parents with this procedure for agreement.

2. Communication

The risk of anaphylaxis will be recorded on SIMS together with the agreed IHCP attached to the students SIMS record. Staff will be informed via email and updated 'Student at Risk' medical information circulated termly for severe cases or when a change in condition or treatment is notified. This guidance will be available on iSpace and a link sent to all staff termly. A paper copy will be kept in the staff room and the First Aid room.

3. Parents/ Carers

- Parents/ carers must inform the school of any changes to the treatment of their child and must review the IHCP annually.
- Parents/ carers must provide a treatment guide provided by Doctor or anaphylaxis nurse and complete a 'medicine form'
- Parents/ carers must provide medication/Epipen and have responsibility for renewing this periodically labelled by the pharmacy
- Students may be permitted to carry pens where agreed, otherwise medication will be kept in the locked medical cabinet.

4. First Aid Staff

- Aim to provide fast effective first aid in the event of a student suffering from anaphylaxis
- Circulate this information termly
- Check the medical cabinet to ensure medication/Epipens are in date and contact parents for updated supplies where we hold such medication
- Review IHCP annually with parents/carers
- Ensure trained staff are on site during school hours

5. Symptoms

Initial symptoms may be:

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/ nausea
- Vomiting

Action

Give antihistamine treatment immediately as per care plan, monitor student until they have returned to normal, and inform parents / carers.

6. Severe reaction

- Difficulty breathing/choking/coughing
- Seer swelling of lips/face/eyes/face
- Pale/ floppy
- Collapsed/ unconscious

Action

- Obtain Epipen, alert first aider, ask colleague to call 999 and tell operator student is having an anaphylactic reaction
- Sit or lay student on floor
- Take Epipen and remove grey safety cap
- Hold Epipen 10cm away from outer thigh
- Swing and jab black tip of Epipen firmly into outer thigh. Make sure a click is heard and hold in place for 10 seconds
- Remain with student until ambulance arrives
- Place Epipen into the container without touching the needle and dispose of in the sharps bin
- Inform Parent/carer
- Complete incident form

7. School Trips

- The teacher responsible for organising the school trip must liaise with first aid staff at least 3 weeks prior to the trip to identify any risks and their solutions. Contact with the parents/ carers may be necessary.
- Staff in charge of the student's groups must be trained to deal with anaphylaxis and to administer an Epipen.
- The risk assessment must reflect the student at risk of anaphylaxis
- Parents/ cares must ensure students carry appropriate medication/ Epipen for the trip

8. Emergency AA1 (Epipens)

The School will hold two AAI to use in emergency situations as permitted by the DfE guidance 'Supporting pupils with medical conditions' and 'Guidance on the use of adrenaline auto-injectors in schools'. We will place a diary entry with the First Aid officers to ensure that they are always in date and a new supply ordered when necessary.

The AAI will be kept locked in the secure medical cupboard.

The emergency AAI will only be administered to a student, for whom written parental consent for use of the emergency AAI has been given and who have been prescribed an AAI. This may be also be used on the advice of the Ambulance service.

This guidance will be reviewed annually

Appendix 3 – Intimate Care

Definitions

1. Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most students and young people carry out for themselves, but which some are unable to do.
2. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the usually private parts of the body.
3. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads and nappies, menstrual hygiene, helping someone use the toilet or washing intimate parts of the body.
4. Students who may be unable to meet their own care needs for a variety of reasons and will therefore require regular support will have the specific details in their IHCP.

Health and safety

5. Staff will wear fresh aprons and disposable gloves while assisting a child in the toilet.
6. Soiled nappies/incontinence or menstrual pads will be securely wrapped and disposed of appropriately in the waste products bin located in the First Aid Room or toilets.
7. The changing area/toilet will be left clean and, if necessary, the caretakers will be informed.
8. Hot water and soap are available to wash hands.

Staff and facilities

9. Staff members who provide intimate care are fully aware of best practice and advice will be taken from professionals on facilities, method and equipment.
10. The Sandon School has 3 disabled toilet facilities with a washbasin.
11. Staff will be supported to adapt their practice in relation to the needs of individual students, taking into account developmental changes.

Responsibilities

The school will:

12. Arrange a multi-agency meeting to discuss the personal care needs of any student prior to them attending the school.
13. Involve the student who requires intimate care in planning for their own healthcare needs wherever possible.
14. Create, in liaison with the student and parents/carers, an Individual Healthcare Plan to ensure that reasonable adjustments are made for any child with a health condition or disability. This should include nature of care and procedures.

15. Maintain the privacy and dignity of any student who requires intimate care.
16. Change the student, or assist them in changing themselves if they become wet, or soil themselves.
17. Never leave a student in wet or soiled clothing.
18. React to accidents in a calm and sympathetic manner.
19. Keep accurate records of times, staff and any other details of incidents of intimate care.
20. Agree to encourage the student's participation in toileting procedures wherever possible.
21. Discuss and take the appropriate action to respect the cultural practices of the family.
22. Where possible, only allow same-sex intimate care.
23. Contact parents/carers if the student refuses to be changed, or becomes distressed during the process.
24. Maintain excellent standards of hygiene when carrying out intimate care.

Parents/carers should:

26. Change their child, or assist them in going to the toilet at the latest possible time before coming to school.
27. Provide spare nappies/incontinence pads, wet wipes, menstrual hygiene products and a change of clothes in case of accidents.
28. Read this document and all of the Medical Policy of The Sandon School to ensure they understand the policies and procedures around intimate care and sign the IHCP.
29. Inform the school should their child have any marks/rashes.

Safeguarding

30. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the students in their care as an extra safeguard to both staff and students involved.
31. Each student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many carers will need to be present when the student is toileted.
32. If any member of staff has concerns about physical changes to a student's presentation, such as marks or bruises, they will immediately report the concerns to the Child Protection Officer.