

Diocese of Gloucester Academies Trust

Medical Conditions and First Aid Policy: Supporting Children Policy Statement

1. The Trust is an organisation with a Christian foundation. The ethos, values and relationships of the Trust, and its associated academies, are central to witnessing to the value of the foundation.

Purpose & Scope

2. Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Teams to make arrangements for supporting pupils at the Academy with medical conditions. This policy is intended to ensure that governing bodies meet their legal obligations and sets out the arrangements that the academy will make to support children.
3. Although the giving of medicine to pupils is a parent/carer responsibility, academy staff may be asked to perform this task, but they may not, however, be directed to do so unless it is identified as part of their contractual duties. In practice, however, many school staff do volunteer.

Principles

4. All pupils with medical conditions will be properly supported so that they have full access to education.
5. The academy will work in partnership with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.
6. The academy recognise that the health care needs of pupils with medical needs may change over time and the academy will work flexibly, within its resources, to support pupils, including supporting reintegration in to school after periods of absence as well as supporting the social and emotional needs of pupils.
7. The Local Governing Body of the academy will ensure that the arrangements give parents and pupils the confidence in the academy's ability to provide effective support for the medical condition in school. This includes, showing an understanding of how a medical condition could impact on a pupil's ability to learn and administer self-care.
8. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the governing body will comply with the requirements of the Act. For pupils with Special Educational Needs, this policy should be read in association with the SEND code of practice.
9. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Entitlement

10. The academy will ensure that staff are properly trained to provide the support that pupils need. The academy will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
11. Pupils with special medical needs have the same right of admission to school as other children and will not be refused admission or excluded from the academy on medical grounds alone. However, in line with their safeguarding duties, the academy will ensure that no pupil is put at unnecessary risk through academy activities. The academy will therefore not accept a pupil in to school at times when it would be detrimental to their health or others to do so.
12. If a child is deemed to have a long-term medical condition, the academy will ensure that arrangements are

in place to support them. In doing so, the academy will ensure that such pupils can access and enjoy the same opportunities at school as any other child. The academy, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at the academy in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into the academy after long periods of absence.

Policy Implementation

13. All academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is the responsibility of the Academy Principal. The academy will identify named individuals who are responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

Specific responsibilities are held by the following named members of staff:

First Aid Supplies^[SEP] - Mrs S Davis

First Aid at Lunch Time^[SEP] - Mrs S Davis

Briefing of Supply Staff^[SEP] - Mrs E Mignaud

Monitoring of staff training: Mrs R Ball

Educational Visits Co-ordinator – Mrs E Mignaud /Mrs D James

SENDCO (incl. monitoring of IHCPs) – Miss R Parker

A list of current first aid qualified staff is included. This is also displayed around school.

Mrs S Davis.	Designated First Aid training – awarded November 2017 Emergency First Aid at Work – awarded October 2020. Paediatric First Aid – awarded October 2020
Mrs G Drew	Emergency First Aid at Work – October 2018.
Mrs D James	Paediatric First Aid – awarded October 2018.
Miss A Davies	Paediatric First Aid – awarded July 2020.
Mr S Haddock	Paediatric First Aid – awarded October. 2020.
Miss R Watkins	Paediatric First Aid – awarded October. 2020.

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There are portable first aid kits around the school or for certain events:

- First aid box - Reception classroom
- First aid box – school office
- First aid box – Forest Schools
- First aid cupboard – care suite
- Bum bag – KS1 playground
- Bum bag – KS2 playground
- Bum bag – school trips
- Bum bag – sports tournaments
- First aid bag- residential

It is the responsibility of the first aiders to ensure that first aid consumables and first aid kits are adequately replenished. Any materials that need to be replenished must be ordered through the academy business manager (ABM).

14. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.
15. All staff will be made aware of any medical details (if appropriate). Details of these pupils, including care plans, will be contained in a folder in the school office.

Training of staff and support

16. No member of staff will give prescription medicines or undertake health care procedures without appropriate up-to-date training. Appropriate training will be organised annually and the academy will keep an up-to-date record of all training. The academy recognises that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.
17. Mrs R Ball (Academy Business Manager) is responsible for staff training and ensuring the academy has adequate first-aid cover. A Paediatric-trained First Aider will be consulted in relation to concerns over early years pupils.
18. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

19. The academy will ensure that the correct procedures will be followed whenever they are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at a DGAT academy, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the academy mid-term, staff will make every effort to ensure that arrangements are put in place within two weeks.
20. The academy will make arrangements for the inclusion of pupils in additional activities, such as trips or sporting activities, with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The academy does not have to wait for a formal diagnosis before providing

support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the designated senior member of staff. Following the discussions an Individual Health Care Plan will be put in place.

21. Headlice can be a recurrent problem in schools. It is the Parent/Carer's responsibility to check their child's hair regularly. If cases are reported to the academy, a letter will be sent to parents in the relevant classes to notify them and remind them to check/treat their child.

Individual Health Care Plans

22. Individual Health Care Plans will be written by a medical professional. The plans will include:
- 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 ^[SEP]e.g. crowded/noisy conditions, travel time between lessons;
 - specific support for the pupil's educational, social and emotional needs – for example, ^[SEP]how absences will be managed, requirements for extra time to complete tests, use of ^[SEP]rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - identify and reviewed by the ^[SEP]designated member of staff but it will be the responsibility of all ^[SEP]members of staff supporting the individual pupil to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported in class.
23. Individual Healthcare Plans will provide clarity about what needs to be done, when and by whom and will be easily accessible to those who need access to them, while preserving confidentiality. Once an individual plan has been received by school, the designated member of staff will identify any needs which must be met in school.
- who will provide this support, their training needs, expectations of their role and ^[SEP]confirmation of proficiency to provide support for the child's medical condition from a ^[SEP]healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the child's condition and the support ^[SEP]required;
 - arrangements for written permission from Parents/Carers and the designated member ^[SEP]of staff for medication to be administered by a member of staff, or self-administered ^[SEP]by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school ^[SEP]activities outside of the normal school timetable that will ensure the child can ^[SEP]participate, e.g. risk assessments;
 - where confidentiality issues are raised by the Parents/Carers or child, the designated ^[SEP]individuals to be entrusted with information about the child's condition;
 - what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the Academy's responsibility ^[SEP]to write or review.

24. Plans will capture the key information and actions that are required to support the child effectively. The

level of detail within plans will depend on the complexity of the medical condition and the degree of support needed. Where a pupil has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

25. Not all children will require a Health Care Plan. A medical professional will identify if a health care plan is appropriate. However, the academy will maintain a record of any pupils with a medical condition that does not require a Health Care Plan in order to best support that child.

The Child's Role in managing their own Medical Needs

27. If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the academy will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans (if appropriate for the pupil).
28. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room (or appropriate alternative space) to ensure that the safeguarding of other children is not compromised.
29. Any pupils who are self-medicating must be observed by a member of staff. The appropriate medication recording form is completed and parents are informed through SchoolPing form or a face to face conversation.
30. The academy does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant trained staff should help to administer medicines and manage procedures for them.
31. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan (if relevant). Parents/Carers should be informed, as soon as possible, so that alternative options can be considered.

Managing Medicines on and off Site

32. The following are the procedures to be followed for managing medicines:
 - i. Medicines will only be administered at the academy when it would be detrimental to a child's health or school attendance not to do so;
 - ii. No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
 - iii. The academy will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the Academy day, they will need to come to the Academy to administer it to their child.
 - iv. The academy will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
 - v. Parents are responsible for checking the dates on medication and for renewing it as necessary.
 - vi. All medicines will be stored safely either in the refrigerator in the staff room if required, or locked in the medical cupboard. Where relevant, they should know who will be administering medicine.
 - vii. When medicines are received, a parent/carer must fill out the medication form which will be stored in the medical needs folder.
 - viii. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. These should be

- clearly labelled with the child's name. Class teachers should keep a record of who has an inhaler/epi-pen on the appropriate record sheets in class wallets. School inhalers may be used in emergencies.
- ix. During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all bottled and packaged medical devices and medicines required.
 - x. Staff administering medicines should do so in accordance with the prescriber's instructions. The Academy will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the Academy should be noted. Written records are kept of all medicines administered to children.
 - xi. The Academy will alert parents to out of date medication and it is the responsibility of Parent/Carer to collect unused/out-of-date medicine and arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
 - xii. All staff medication should be kept out of reach of children and stored safely and appropriately.
 - xiii. The Academy will keep an inhaler (and spacer) and two adrenaline auto-injector as school spares to be used, only in the case where a child, with a diagnosed condition who is usually prescribed an inhaler/adrenaline auto-injector, is presenting with symptoms requiring the administration of the appropriate medication. It is recommended that the spare AAI and inhalers are only used on the advice of a medical professional/999/111 or after consultation with the parents. The school inhaler and AAI must not be administered to any pupil who does not have medication prescribed to them. It should only be used in the case of missing/out of date/ineffective medication.

First aid procedures

33. In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents
- If emergency services are called, the Headteacher or the School Administrator team will contact parents immediately
- The relevant member of staff will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury

34. Off-site procedures

When taking pupils off the school premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils
- Access to parents' contact details

Risk assessments will be completed by the lead member of staff prior to any educational visit that necessitates taking pupils off school premises.

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

There will always be at least one first aider on school trips and visits in Key Stage 1 and 2

Contacting parents

Parents should be informed by telephone or face to face as soon as possible after an emergency or following a serious/significant injury including:

- Head injury*
- Suspected sprain or fracture
- Following a fall from height
- Dental injury
- Anaphylaxis and following the administration of an adrenaline auto-injector
- Epileptic seizure or incident
- Severe hypoglycaemia for pupils with diabetes
- Severe asthma attack
- Difficulty breathing
- Bleeding injury (uncontrolled)
- Loss of consciousness
- If the pupil is generally unwell.

*Pupils with a head bump will wear a red 'festival style' wrist band to alert parents and staff to the bump. Parents will also be given a head bump advice slip.

Infectious disease

Parents of pupils displaying any signs or symptoms of infectious diseases must follow the Public Health Agency's Guidance for Infectious Disease Prevention in Schools and other Childcare Settings.

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Pupils who have experienced diarrhoea and vomiting must remain off school for the 48 hours following their last symptoms.

Dealing with bodily fluids

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In order to maintain protection from disease, all body fluids should be considered infected. To prevent contact with body fluids the following guidelines should be followed.

- When dealing with any body fluids wear disposable gloves.
- Wash hands thoroughly with soap and warm water after the incident.
- Keep any abrasions covered with a plaster.
- Spills of the following body fluids must be cleaned up immediately.

Bodily fluids include:

- Blood, Faeces, Nasal and eye discharges, Saliva, Vomit

Disposable towels should be used to soak up the excess, and then the area should be treated with a disinfectant solution. Never use a mop for cleaning up blood and body fluid spillages. All contaminated material should be disposed of in a yellow clinical waste bag (available in the care suite) then placed in the waste bin in the first aid room. Avoid getting any body fluids in your eyes, nose, mouth or on any open sores. If a splash occurs, wash the area well with soap and water or irrigate with copious amounts of saline.

If assisting a pupil who has soiled themselves, or if providing intimate care, this must be recorded on the intimate care sheet in the Care Suite.

When assisting a pupil who has soiled themselves, two staff must be present to safeguard all individuals. If this is not possible, a member of staff must be in a visible place with a door open and another member of staff must be notified.

Written Records

35. The academy must ensure up to date written records are kept of all medicines administered to children.
36. In the case of a pupil having an accident in an academy and first-aid being administered, the incident must be recorded appropriately and parents will be notified through SchoolPing or face to face.
37. All accidents requiring first aid treatment are to be recorded with (at least) the following information:
 - The name of the injured person
 - Name of the qualified/emergency/school/paediatric first aider or appointed person.
 - Date of the accident
 - Time of the accident
 - Type of accident (e.g. bump on the head ect)
 - Treatment provided and action taken

38. A central record will be stored in the academy office, which provides information about individual pupil's needs. All staff will know how to access the file, should they require.
39. On residential trips, reports will be completed in accordance with procedures at the Residential Centre.

Emergency Procedures

38. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
39. Where a child has an Individual Health Care Plan (IHCP), this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

40. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, the academy will be responsible for calling an ambulance. Staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance. In the case of non-urgent hospital treatment, parents will be informed immediately and arrangements made for the parent to collect their child from the academy. If a member of staff needs to take a child to hospital, it is essential they have the correct car insurance and that another adult accompanies them in the car.
41. It is the responsibility of the parent to ensure that the school always has an up-to-date contact name and telephone number in the case of an emergency.

Unacceptable Practice

42. Academy staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:
 - i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - ii. assume that every child with the same condition requires the same treatment
 - iii. ignore the views of the child or their Parents/Carers; or ignore medical evidence or ^[L]_[SEP]opinion, (although this may be challenged)
 - iv. send children with medical conditions home frequently or prevent them from staying ^[L]_[SEP]for normal school activities, including lunch, unless this is specified in their individual ^[L]_[SEP]healthcare plans
 - v. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
 - vi. penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
 - vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they ^[L]_[SEP]need to in order to manage their medical condition effectively
 - viii. prevent children from participating, or create unnecessary barriers to children ^[L]_[SEP]participating in any aspect of Academy life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Complaints

42. Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Academy. If for whatever reason this does not resolve the issue, they may make a formal via the complaints procedure outlined in the Academy's Complaints Policy.

APPENDIX:

Appendix I:

First Aid Policy including Supporting Pupils with Medical Conditions during COVID-19 Requirements for First Aiders during Covid-19

Guidance from GOV [here](#) and HSE guidance [here](#)

- All schools are required to undertake their own risk assessments to ascertain their own requirements. Normal ratios are suspended at this time. All settings should have at least one qualified paediatric first aider on site when pupils are present. ([minimum requirement](#))
- There is a 3-month extension to qualification expiry dates in place. All staff during this pandemic can access online training if face to face training is not possible to ensure that adequate cover is in place.

General practice for administering First aid during COVID-19

As per the main policy all normal requirements remain in place, please note amendments to this.

- PPE practice should be used (gloves, aprons and masks) when administering first aid to a pupil as increased face to face contact will be needed and it will be impossible to maintain a safe distance from the pupil.
- In the case of a pupil accident, the member of staff will assess the injury. In cases where the injury requires first aid or if there has been a head bump, the child will be escorted to the first-aid room to receive treatment from a first aider. In instances where the member of staff on duty deems that the pupil should not be moved from the location of the accident, they will call for other adult assistance or send for assistance to the school office via another pupil.
- In some instances, parents will be telephoned immediately and asked to come into school to assess the injury themselves. Any parent entering the school site must follow the enhanced hygiene measures .
- All equipment used during first aid care will be bagged and disposed of following care for pupils using the yellow clinical waste bags in the case suite.
- All incidents requiring first aid must continue to be recorded and reported using the normal procedures.
- In the unlikely event of the requirement of CPR, see the advice below from the Resuscitation Council.
 - 1) Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
 - 2) Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
 - 3) If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast.
 - 4) Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
 - 5) If the rescuer has access to any form of personal protective equipment (PPE) this should be worn.
 - 6) After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Code of practice for dealing with a pupil on site displaying signs of COVID-19

- Pupils should not attend the school setting if they have symptoms or are self-isolating due to symptoms in their household.

- If a child enters school and demonstrates signs of COVID-19 they should be removed from the classroom immediately to our isolation room (insert own arrangements) if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- Parents will be called and asked to come and collect the pupil immediately. They will be reminded of the guidance that because the pupil is displaying signs and symptoms that the pupil should self-isolate for 7 days and all members of the household should now self-isolate for 14 days.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE ([guidance here](#)) should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- After the pupil has left the building the room should be cleaned and disinfected. The member of staff who had been accompanying the pupil should ensure that they remove and bag their PPE and wash their hands thoroughly.
- Should the pupil test positive for COVID-19 all other pupils in the pupil's bubble must be contacted as well as the staff members working with this group and asked to self-isolate for 14 days.
- If other cases are detected within this bubble then as part of the test and trace programme, Public Health England will undertake an investigation and the school their next step guidance .

Supporting Pupils with Medical Conditions during COVID-19

- All pupils eligible to return to school with medical conditions ,who can safely attend school at this time following the appropriate confirmation from their doctors/health care professionals will be properly supported so that they have full access to education. Their condition and associated requirements will be kept appropriately confidential according to the individual circumstances.
- Individual health care plans will be amended and put into place where required for these pupils following due consultation with health and social care professionals. These amendments will be fully communicated to all staff involved with caring for the pupil.
- All staff will follow government guidance in undertaking care consistently using PPE as appropriate using government guidance.

Intimate Care during Covid-19

- Staff should follow normal practice when undertaking intimate care for pupils, including changing nappies this would include wearing gloves and aprons. Bagging and securing in lidded bin the nappy as per normal practice using the yellow clinical waste bins.

- Should any member of staff need to change a nappy for a child who is showing signs of COVID-19, full PPE in accordance with the guidance should be worn to safeguard themselves.

Policy Implementation

- The headteacher will ensure that this amendment to the existing policy will be communicated to all staff especially those who are responsible for first aid, so that everyone is fully aware of the safeguards in place.
- The headteacher will ensure that individual healthcare plans are amended and communicated to all relevant staff.