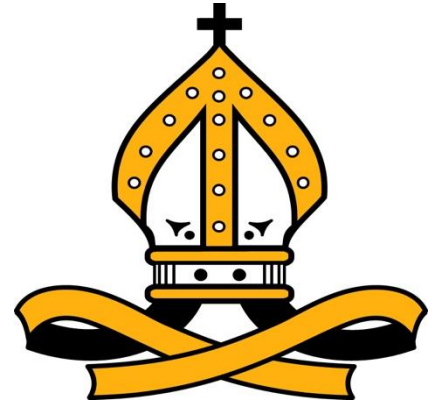


Bishop Perrin Church of England Primary School

Medical Needs, First Aid and Intimate Care Policy

Statutory Policy



Our school is a Church of England School and works in partnership with our two local parish churches, St Augustine's and Ss Philip & James'. We aim to reflect the values, traditions and beliefs of the Christian Faith and therefore our Spiritual Values underpin everything that we do.

| | |
|-----------------------------|----------------|
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1 LEGISLATION

Section 100 of the [Children and Families Act 2014](#) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

2 POLICY STATEMENT

Bishop Perrin CoE Primary School is an inclusive community that strives to ensure quality health and safety practice and that welcomes and supports pupils with medical conditions. This school provides all pupils with any medical condition the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency and all staff feel confident in knowing what to do in an emergency.

The school understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. Staff receive training on the impact medical conditions can have on pupils. The school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governors of Bishop Perrin School will ensure that pupils' health is not put at unnecessary risk. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Bishop Perrin School strives to ensure quality health and safety practice. However, from time to time children, staff and visitors do become ill or have accidents and so the school takes active and all reasonable precautions to minimise hazards or risks.

3 ROLES AND RESPONSIBILITIES

School staff are responsible for:

- being aware of the medical needs of children in their care;
- considering and planning for these medical needs when planning classroom activities and school trips;
- being aware of the social and emotional needs which may accompany medical conditions;
- knowing what to do when a pupil with a medical emergency needs help;
- being aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it;
- liaising with parents, the Inclusion Leader and welfare assistants if a child is falling behind with their work because of their condition

Staff may be asked to administer medicine but unless it is part of their job description they cannot be required to do so. Staff will receive training before they take on the responsibility for administering medicine.

Parents / carers of a child at this school have a responsibility to:

- tell the school if their child has a medical condition;
- ensure the school has a complete and up-to-date Individual Healthcare Plan (IHP) for their child (see p. 7);
- inform the school about the medication their child requires during school hours;
- inform the school of any medication their child requires while taking part in visits, outings or other out-of-school activities;
- tell the school about any changes to any medication, what they take, when, and how much, if the administration method changes or any discontinuance immediately;
- inform the school of any changes to their child's condition;
- ensure their child's medication and medical devices are labelled with their child's full name, and are supplied in their original packaging (for example: boxes for inhalers etc);
- ensure that their child's medication is within expiry dates;
- act promptly to replace their child's medication when its expiry date is due;
- keep their child at home if they are not well enough to attend school;
- for children with long term medical conditions - ensure their child has a written care / self-management plan from their doctor or specialist healthcare professional to help their child manage their condition within school

Staff

Staff who have undertaken first aid training understand what to do in an emergency for the most common serious medical conditions. First aid-trained staff are also aware of the most common serious medical conditions and the action needed to be taken in an emergency. The names of members of staff who have undertaken first aid training are displayed in prominent locations around the school.

The **only** medication that staff will administer is what is considered to be life-saving medication. This will include pupils suffering from:

- Anaphylaxis
- Asthma
- Diabetes
- Epilepsy

Staff **will not** administer antibiotics or other medication prescribed by a GP or other healthcare professional that is non-life threatening. Parents, other family members or trusted adults are welcome to come to school to administer this type of medication, but parents must notify the school in writing as to who will be administering the medication and when.

The only circumstances when staff will administer antibiotics, *painkillers or medication prescribed by a GP or other healthcare professional that is non-life threatening is when:

- a child is on a residential school journey and Bishop Perrin School staff are acting in loco parentis

and / or

- the school has received written permission by parents / carers that their daughter has started their menstrual cycle and that the administration of *painkillers will help them to manage period pain in school.

*Staff cannot administer painkillers that contain **aspirin** or **ibuprofen** unless they are **prescribed by a doctor**.

In both of these circumstances, clear written authorisation with regard to the administration of medication must be given by the parent. Bishop Perrin School staff will not be held responsible for the incorrect administration of medication given to a child by a parent, family member or trusted adult friend whilst on school premises.

Throat lozenges will be treated in the same way as antibiotics or other medication prescribed by a GP or other healthcare professional, in that staff **will not** administer them to children. Parents are welcome to give their child a throat lozenge before the start of school and to come in and give additional

lozenges through the course of the day. If a parent is unable to come into school during the day, then another family member or trusted adult can do this on their behalf. The school needs to be notified in writing in advance of this.

In line with the school's Sun Safe policy, staff will not administer sun cream to children. Children are not allowed to administer sun cream to themselves during the school day (unless they are on a residential visit). It is the responsibility of parents and carers to administer sun cream to their child before the start of the school day. Once-a-day application types of sun cream would be advisable.

A first-aid trained member of staff will always accompany a class or group of children on off-site visits and residential trips.

4 LONG TERM/CHRONIC CONDITIONS AND INDIVIDUAL HEALTH CARE PLANS

Definition of a long-term medical condition (taken from the [NHS England](#)): Long Term Conditions are those that cannot, at present, be cured, but people living with these conditions can be supported to maintain a good quality of life. An example of a long-term condition is diabetes.

Where a child has a long-term or chronic condition, the school will work with parents and health professionals to produce an Individual Healthcare Plan (IHP). The school requires a letter from a doctor / consultant outlining the child's condition and any special measures/precautions or care that school staff need to be aware of. The IHP will specify what needs to happen, when and by whom, describing any necessary information about the nature of the condition, its triggers, signs / symptoms. It will also outline any prescribed medications, treatments or procedures and details of the child's doctor / consultant. Any variation from the agreed plan must be documented and reported. Where a child also has a special educational need identified in an Educational Health Care Plan (EHCP), the IHP will link or become part of the EHCP.

With parental permission, photographs of children with long-term / chronic conditions that all staff may need to be aware of are displayed in the medical room. A list of the names of children who have anaphylaxis, and who would require immediate administration of their prescribed medication, is displayed in all classrooms and offices. Parents who do not wish to have their child's IHP displayed on the wall of the medical room should discuss their concerns with the school so that a mutually convenient alternative can be sought.

IHPs are reviewed at least annually in partnership with families, or earlier if clinical evidence is presented that the child's needs have changed. The school welfare assistants manage and implement the health care plan on a day-to-day basis.

Trained staff will meet with the pupils (where appropriate), parents, specialist nurses (where appropriate) and relevant healthcare services prior to any

overnight visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit and shared with all staff involved.

For children with a specific medical condition, class teachers complete a separate specific risk assessment for managing their condition while on a school trip (be that a residential visit or a standalone visit).

5 CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

It is the school's aim to ensure suitable education is arranged for pupils who are on roll but who cannot attend due to health needs and that pupils, staff and parents understand what the school is responsible for when this education is being provided by the Local Authority. The school will follow guidance which is laid out in the DfE's: [Arranging education for children who cannot attend school because of health needs](#).

In the first instance, Bishop Perrin School will make attempts to provide suitable education for children who cannot attend school. This will be done in liaison with parents and any associated health professionals involved in the care of the child. The school will maintain communication with parents and medical professionals for the duration of the absence to monitor the provision of the education and its effectiveness. The school will explore all possibilities to support the child within its resourcing and capacity. When well, the school will discuss the reintegration of the child back into school, which might involve a part-time timetable, if appropriate.

If the school can't make suitable arrangements, Achieving for Children (Local Authority) will become responsible. The decision for AfC to be responsible will be made in consultation with the school and officers from AfC, and if appropriate, with parents / carers and medical professionals.

In cases where AfC make arrangements, the school will:

- Work constructively with AfC representatives, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with AfC representatives 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 AfC 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

6 MEDICATION

All life-saving medication that is supplied by parents needs to be prescribed by a GP or healthcare professional and it must be in its original container and in date. All such medication needs to be labelled with the pupil's name, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.

Medication is stored securely and in accordance with its instructions, paying particular note to temperature. Some medication for pupils at this school may need to be refrigerated. This needs to be clearly labelled. Refrigerators used for the storage of medication are in a secure area.

Some children may have received training and advice in order to be able to self-administer their medication. This is only permitted when confirmation is received from a doctor and parental consent is given.

All medication is sent home with pupils at the end of the school year. Medication is not stored at school over the summer holidays. It is the parent's responsibility to ensure new and in-date medication comes into school on the first day of the new academic term / year. Parents are responsible for collecting out-of-date medication and disposing of it safely.

Children who misuse their medication or anyone else's will be dealt with in-line with the school's behaviour policy, which can be found on the [school website](#). Parents will be informed about the incident.

7 CONSENT TO ADMINISTER MEDICATION

If a pupil requires regular GP prescribed medication at school, parents are asked to provide consent on the IHP. This is kept in the medical room. Medication will only be administered to the child it has been prescribed to. Under no circumstances can medication be given to a child unless parental consent has been sought. Even under extreme conditions, medication that has been prescribed for one child cannot be administered to another child.

8 PREVENTATIVE MEASURES

We believe in preventing accidents where possible. Our Health and Safety policy details the steps taken to minimise risks.

Curriculum delivery includes preventive care and raising the profile of potential dangers in all relevant aspects. Children in our care are advised on health and safety practice and caution when confronted with accidents or sickness.

Risks are minimised by:

- Being a [nut-aware school](#)
- No smoking
- No bicycles, scooters or dogs on the school premises

- No jewellery other than a wrist watch and stud earrings (unless on religious or cultural grounds)
- Playground apparatus only to be used during school hours when supervised by a member of staff
- Lip salves (which need to be clearly named) only to be used by individuals at the discretion of the class teacher
- A school Sun Safety policy, detailing preventative measures in hot weather
- Planning curriculum activities with the medical needs of the class in mind e.g. allergies when undertaking cookery.

9 RECORD KEEPING AND COMMUNICATION WITH PARENTS

This school utilises Medical Tracker to record and report information about children's medical needs in school. It keeps an accurate record of each occasion an individual pupil is given or is supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible.

The school also uses Medical Tracker to keep a record of those children who have attended the medical room to receive treatment for an injury or medical incident. In order to keep parents informed of any treatment that their child has received or an incident where there has been an injury, parents will receive an email generated by the software based on the information recorded by the school.

For a head injury or a significant other injury parents / carers will be required to acknowledge receipt of the email notification.

If the school has not received notification of receipt of the email by 2:45pm, this will be followed up with a phone call by the member of staff who dealt with the incident, or by a member of staff they have designated to follow up on their behalf.

If the head injury is deemed severe, the school will telephone parents to inform them of a serious head injury and advise them to take their child to be checked by a medical practitioner.

For a child who has presented as being persistently unwell during the day, the parents will be called and they will need to come and pick their child up from school.

In the case of a significant accident (adults and children) an online accident form is completed and submitted to the Health and Safety Officer at the Local Authority. These are completed by the HR Officer in conjunction with the person who dealt with the incident and signed off by the headteacher. Accidents resulting in death or major injury must be reported to the Education Health and Safety Adviser by telephone immediately.

10 UNACCEPTABLE PRACTICE WHEN MANAGING ONGOING MEDICAL CONDITIONS

Although staff should use their discretion and judge each case on its merits with reference to a child's IHC plan, it is generally not acceptable practice to:

- Prevent children from easily accessing and / or administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents or ignore medical advice or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHC plan
- Leave children who are unwell unsupervised
- Penalise a child for their attendance record if their absences are related to their medical condition
- Prevent pupils from eating, drinking or taking toilet or other breaks when they need to in order to manage their condition effectively, as described in their IHC plan
- Prevent children from participating in any aspect of school life

11 STAFFING

The school welfare assistants are responsible for the organisation of the medical room and its resources and are the main first aiders for the school. There are several other designated first aiders on the staff and there is always a member of staff who is a qualified first aider on duty during lunchtime and after school clubs.

Teachers' conditions of employment do not include giving first aid although they may volunteer to undertake training. However, teachers and other members of staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents may be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.

12 ILLNESSES AND ACCIDENTS

- If children suffer a bump to their head, they are always seen by a first aider and an email notification is sent to their parents informing them of the accident (see record keeping).

- If children complain of illness and are not well enough to stay in school, their parents are contacted to collect them. If they are well enough to remain in school, their parents are informed of the complaint by email.
- If children suffer an accident, first aid may be administered by a first aider in school and this is recorded on Medical Tracker. In more severe cases, an ambulance may be called or parents may be contacted by telephone in order to collect their child to seek further medical advice from their doctor or hospital.
- The welfare assistants and HR Officer refer to 'Guidelines for Control of Communicable Disease in Schools' in order to advise parents and to know when and to whom incidents of communicable disease need to be reported.
- All rooms in the school are equipped with an emergency card which can be sent to the nearest adult to provide assistance, which may include finding the nearest available first aider.

13 FIRST AID RESOURCES

The medical room is where most first aid equipment is kept. This includes:

- First aid kits
- Gloves, face masks and aprons
- Individual Health Care Plan
- Children's medication and administration information
- COSHH Folder

Medicines and devices for individual children such as asthma inhalers, blood glucose monitoring meters and auto-injectors are kept in the medical room and taken with first aiders on out of school visits. Sharps boxes are used for the disposal of needles and other sharps.

14 EMERGENCY PROCEDURES

All staff at this school understand their duty of care to pupils in the event of an emergency. In a general emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering specific medication (auto-injectors for example).

Training is refreshed at regular annually.

If a child needs to be taken to hospital and the child's parent / carer is unable to get school in time to accompany them, then a member of staff will always accompany the child in an ambulance and stay with them until the parent / carer arrives.

First aid staff can make the decision to call an ambulance in an emergency situation, but they should ensure that a senior member of staff is aware that an ambulance has been called. The member of staff making the call should ensure that they are aware of the circumstances of the emergency and the child's symptoms so that as much information as possible about the child's

medical condition is relayed. A senior member of staff will ensure that staff are ready to meet the ambulance staff to direct them quickly to the child and that parents are informed.

If an incident happens on the playground where the injury is deemed severe, the attending first aider will call an ambulance using a mobile telephone. The first aider will remain with the child until the ambulance arrives and will continue to be available to speak to the emergency services via a mobile telephone if required.

If an incident were to occur, either inside the school building or outside, where the dignity of the child needs to be maintained, then staff would ensure no other children were present in the vicinity of the incident.

Where a child has an IHP, this will include information on what constitutes an emergency and what to do.

15 FIRST AID TRAINING

Bishop Perrin School is committed to reviewing its first aid practice and have several trained staff who disseminate good practice to others. Training is also given regularly by the school nursing team for staff and includes the treatment of anaphylaxis, epilepsy and the use of auto-injectors. Training records are kept of those members of staff who hold first aid qualifications. First aiders at Bishop Perrin School will hold with a First Aid at Work Certificate or a Paediatric First Aid Certificate.

16 NUT-AWARE SCHOOL

We have members of the school community who suffer from severe food allergies, which may lead to anaphylactic shock. Anaphylactic shock is a life-threatening condition. It is for this reason that Bishop Perrin is a 'Nut-Aware School'. If there is any doubt as to whether a food product is suitable to be brought onto the school site with regards to it being a possible trigger for an anaphylactic shock, then please speak to the welfare assistants or the school office.

Although we recognise that this cannot be guaranteed, Bishop Perrin School aims to be a nut-free school and we ask staff and parents to support the school in these efforts. By being a 'nut-aware school', we aim to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts or other products that can also lead to an anaphylactic reaction, for example, coconut and sesame seeds. We do not allow nuts or nut products in school lunch boxes. This means that the following items should not be brought into school:

- Packs of nuts / coconut
- Peanut butter and Nutella sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars or sweets that contain nuts
- Sesame seed rolls (children allergic to nuts may also have a severe

- reaction to sesame)
- Cakes / other products made with nuts

We have a policy to not use nuts in any of our food prepared on site at our school. Our suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces. We cannot give out any sweets / cakes or other food items brought in from home to be given out as birthday treats or for other celebrations.

17 VOMITING AND DIARRHOEA

On the advice of the Health Protection Unit (HPU), Bishop Perrin School enforces a strict 48-hour rule. In a situation where a child or member of staff has either vomited or experienced diarrhoea, or both, they are not allowed to return to Bishop Perrin School for 48 hours. If during their absence they continue to vomit or have diarrhoea, then a further 48-hour absence needs to occur and so on until there have been no further episodes within a 48-hour period.

18 CHILDREN PRESENTING WITH A RAISED TEMPERATURE

Based on [guidance from the NHS](#), a temperature of 38C (100.4F) or above is classified as a fever in children. If a child presents themselves in the medical room complaining of not feeling well, their temperature will be taken and recorded. If their temperature is between 38C and 38.5C they will stay in the medical room to be monitored and their temperature will be taken again after twenty minutes and recorded. If their temperature remains between 38C and 38.5C, we will telephone the parent / carer to advise them. Children can be resilient and not exhibit any other signs of being unwell despite having a temperature so it will be the parents' decision at this stage as to whether they collect their child. If the child appears fit enough to remain in school and go back into class, parents will be advised of this so that they can make an informed decision and the teacher will be informed of the situation.

If a child has a temperature of 38.5C or higher then we will advise the parent / carer that their child has a high temperature / fever and needs to be collected as soon as possible.

Whatever their temperature, if a child continues to complain of feeling unwell or returns to class and then consequently returns to the medical room later, then parents/carers will be called.

19 INTIMATE CARE OF CHILDREN

The school is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times, be respectful of the child's needs and preserve their dignity.

The child's welfare and dignity are of paramount importance. The school's practices are in accordance with the school's Child Protection and Safeguarding Policy.

Intimate care is one of the following:

- Supporting a pupil with dressing/undressing;
- Providing comfort or support for a distressed pupil;
- Assisting a pupil requiring medical care, who is not able to carry this out unaided;
- Cleaning a pupil who has soiled him/herself, has vomited or feels unwell;
- Assisting a child who has incontinence as part of a medical condition

In the case of such a procedure, only a person suitably trained and assessed as competent will undertake the care of the child. Where children have specific intimate care needs, these will be carefully planned using an IHP. There will always be a high awareness of child protection issues. Staff will work in partnership with parents / carers and the child to provide continuity of care wherever possible. The child's dignity will always be preserved with a high level of privacy, choice and control.

For safeguarding purposes, where possible, two members of staff will be present to assist the child. Any child with intimate care needs will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him / herself as s/he can. This may mean, for example, giving the child responsibility for washing themselves. No child will be attended to in a way that causes distress or pain.

Unless there is a specific medical issue, children should be toilet-trained and not reliant on wearing nappies when they start at Bishop Perrin School. As described above, if a child soils themselves, staff will encourage them to clean themselves up as best as possible. In the case of younger children who have soiled themselves, in the first instance, the school will telephone parents to see if they are able to attend to their child to clean them. If a parent is unable to come to Bishop Perrin School within a short space of time, school staff will attend to cleaning the child.

Parents who are able to come to Bishop Perrin School to clean their child will be able to use the visitor toilet for this purpose.

Parents of children in Reception, Year 1 and Year 2 are advised to pack spare underwear in their child's PE kit bag, which stays in school during term time, in case of the event that a child wets or soils themselves.

20 SCHOOL MEALS

Pupils with medical conditions may have allergies or food intolerances. The school will work closely with the contracted caterer to ensure that pupils can eat safely at lunchtimes. Any known issues will be shared with the caterers including a photo of the child. The caterers will provide meals which cater for allergies and intolerances. Parents are asked to complete a Special Diet Referral Form which details their child's needs. In complex cases, parents may be asked to provide a statement of their child's dietary needs from a medical professional. The school recognises that dietary needs may change and parents are encouraged to keep the school updated with any changes.

21 PHYSICAL ACTIVITIES AND OFF-SITE VISITS

All groups being taken out of school for an educational visit or school journey are accompanied by a first aider, who is identified to all adults helping on the visit. The medical room is equipped with portable first aid kits for this purpose.

The first aider is also responsible for ensuring that individual children's medicines are taken on the visit and completes a checklist of these prior to departure which is given to the class teacher. The class teacher also signs the form to confirm that they have done a visual check that the appropriate medication is included in the kit, where necessary. The first aider is also responsible for ensuring that the administration instructions are followed. After the trip, the first aider is responsible for re-checking the list and ensuring that all medication is returned to the medical room.

Bishop Perrin School is an inclusive school which seeks to include pupils with medical conditions in every aspect of school life. Pupils with medical conditions will be actively supported to go on trips and to take part in sporting activities.

When planning trips, teachers will make reasonable adjustments to allow pupils with medical conditions to participate unless there is evidence from a clinician that this is not possible. Risk assessments are carried out before any off-site visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

When pupils are due to go on a residential trip advice from parents or healthcare professionals will be sought to ensure children with medical conditions can participate as fully as possible. Only in exceptional circumstances would a parent be allowed to accompany their child on a residential trip. The decision to allow a parent to accompany their child would be made by the senior leadership team and would be based on current medical information and the needs of the child in order for them to safely participate in the planned activities.

Parents of children participating in residential trips are required to provide the school with up-to-date information about their child's overall health before the trip, including information about medication not normally taken at school. This provides essential and up-to-date information to the staff leading the trip will help the child manage their condition while they are away. Parents are required to give their written consent for medication to be administered by a member of staff whilst their child is on a residential trip.

Staff at Bishop Perrin School understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports. Where feasible and practical, the school will make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child.

Parents need to ensure that they communicate an explanation via a note or email to the school if their child is unable to participate in a lesson due to medical conditions. In these situations, staff will not force pupils to take part in activities if they are unwell or not medically fit to do so. Parents also need to inform the school if their child has been advised to avoid / take special precautions during activity, what the potential triggers are for a pupil's medical condition when exercising and how to minimise these.

22 HEALTH AND SAFETY GUIDANCE

Personal protective equipment will be available for staff to wear when dealing with a child who is soiled or for those children who wear incontinence pads as part of a medical condition. Any soiled waste will be placed in a polythene waste disposal bag and sealed. The bag will then be placed in a bin, (with a liner) specifically designed for such waste. This bin is collected on a regular basis and is disposed of accordingly.

23 PHYSICAL CONTACT

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny. The expectation is that when staff make physical contact with pupils it will be:

- for the least amount of time necessary;
- appropriate, given their age, stage of development and background;
- in response to the pupil's needs at the time.

If a child appears to be seeking out inappropriate physical contact, staff will deter the child, seek witnesses and document and report the incident. This is necessary procedure in order to prevent staff being made vulnerable to allegations of abuse.

24 SPECIAL EDUCATIONAL NEEDS

All children have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities (any physical disability or learning difficulty) must be considered when creating IHPs for individual children. Regardless of age and / or ability, the views and emotional responses of children with special educational needs will be actively sought when creating or reviewing an IHP.

Liaison with the Designated Clinical Officer for SEND at AfC, who acts as the bridge between health and education supporting the Integrated Care Board (ICB) to meet the health needs of children with SEND, will take place where children have complex medical needs.

25 REVIEW OF PROCEDURES AND COMPLAINTS

This policy will be reviewed by the school staff on a regular basis or when there are specific changes to appropriate legislation or guidance.

Concerns or complaints about the school's application of this policy should be made in line with the school's Complaints Policy.