



Medical and First Aid Policy

Queen Elizabeth's Grammar School Ashbourne Academy

(Inc. Guidance for Intimate Care for young people)

Aim

Governing Bodies alongside staff will adopt an inclusive approach to enable students with a physical/medical need or condition develop their interests and abilities as fully as possible to ensure full access to the National Curriculum.

They will collaborate positively with parents in order for them to be fully confident that their child is fully supported.

An Individual Healthcare Plan (IHCp) will be written for students with a long term or complex physical or medical need. An IHCp) will be accompany an NHS care plan written by a consultant, Nurse Specialist or other Healthcare professional.

1. Governing Bodies have a duty to:

- 1.1 Ensure that parents feel confident that The Academy will provide effective and consistent support for their child's physical/medical need or condition and that their child feels safe and looked after during the Academy day. Liaison between staff, parents and carers will be taken as priority.
- 1.2 Ensure that where a student is identified and/or diagnosed with a medical/physical need or condition those needs are made known to his/her teachers and additional staff including supply teachers and cover supervisors.
- 1.3 Ensure that regular or long term absences due to health related conditions do not affect student's education attainment or progress, impact on integration with peers and does not affect their general wellbeing and emotional health. Reintegration back into the Academy will be supported by Progress leader, SBe and/or BDr if required.

2. Medicine in the Academy and administration of medicine

- 2.1 The Academy has a designated member of staff trained in the administration of medicine. They will ensure that the student receives their medicine correctly and safely. The student will be encouraged to be independent with this. A private space is provided for students with Diabetes to ensure discretion and privacy.
 - A parental consent must be completed, signed and brought into the Academy personally and received by a member of staff.
 - All medicines must be clearly labelled with a dispensing pharmacist's label, in the correct packaging and in date. Full packets are required, not part or half packs, this enables doses of medication to be accurately recorded. Tablets and capsules will be counted in and counted out.
 - Non-prescription medicine, over the counter medicines or tablets will not be accepted and allowed to be kept in the medicine cupboard for regular use. Procedures must be followed and medical evidence must be shown.



- There are two Salbutamol Inhalers kept in the Academy for emergency use for Asthma sufferers only. Students that suffer from asthma must be responsible and bring their inhaler to the Academy every day, in full working order. A spare inhaler can be kept in a locked container but must be in date and labelled with the student's name and dosage.
- A personalised drawer will be kept in a locked cupboard for students with Diabetes for storage of spare equipment. Additional Insulin will be kept in a refrigerator. It must be in date and labelled with the student's name and dosage instructions.
- Written records will be kept of all administered medication.

2.2 Unacceptable practice

- Preventing students from accessing their inhaler and/or medication and administering their own medication when and where necessary.
- Assuming that every student with the same condition requires the same treatment.
- Ignoring the views of the students and/or their parents/carers.
- Penalising students for poor attendance if their absence is related to their physical/medical need or condition e.g. hospital appointments and/or treatments.

3. Responsibility for First Aid arrangements

- 3.1 The Governing body, as the employer will ensure that there are sufficient trained staff to meet the statutory requirements.
- 3.2 The Governing body provides a staffed medical room to provide first aid provision. Appointed person – Linda Walker.
- 3.3 First Aiders will give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the Academy.

List of trained first aiders: See Appendix 1

All first aiders receive refresher training as appropriate.

3.4 Duties and competence – appointed person. The appointed person will:

- Have received emergency first aid training.
- Receive refresher training at least every two years.
- Take charge when someone is injured or becomes ill.
- Call an ambulance if required and liaise with crew.
- Contact parents/carers or next of kin. But not in the event of serious injury or fatality when a member of Senior Leadership Team will inform the appropriate persons.
- Inspect first aid equipment such as medical couch and medical room and report any defects.
- Ensure that an accident form or incident form is completed for the Head of the Academy.
- Monitor first aid provision, including restocking first aid boxes.
- Check update and replace as required first aid signs and notices.

3.5 Duties and competence – first aider. A first aider will:

- Complete an approved training course, hold a valid approved first aid certificate and maintain the qualification by attending/completing refresher training when required.
- Give immediate help to casualties.



- Complete a record of any first aid treatment given.
- Undertake the role of the appointed person when necessary.

3.6 Position of the medical room

The medical room is situated within the main part of the Academy, on the first floor science corridor. It is manned by a full time appointed person.

The room is open 8:30-3:55 every day.

The medical room is equipped with:

- The medical couch.
- A lockable medicines cupboard, and refrigerator for medicine.
- A lockable box containing two emergency Salbutamol Inhalers with volumising spacer and recording sheet.
- A generous stock of first aid provision.
- A medical waste bin and sharps container.
- A sink with hot and cold running water.

3.7 Monitoring of first aid provision:

- All first aiders record all provision that has taken place.

3.8 Reporting injuries, diseases and dangerous occurrences

- All reported accidents will be recorded and when necessary under the reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR) will also be reported to the Health and Safety executive.



Personal and Intimate Care Policy

Aim

It is our intention to develop independence in each student, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard students and staff. The principles and procedures apply to everyone involved in the intimate care of students.

Students are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

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

Such activities can include:

- Feeding;
- Oral care;
- Washing;
- Changing clothes;
- Toileting;
- First aid and medical assistance; and
- Supervision of a student involved in intimate self-care.

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

Principles of Intimate Care

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

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

Academy Responsibilities

All staff working with students are DBS checked. This includes students on work placement and volunteers. Vetting includes criminal record checks and List 99.

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

Where anticipated, intimate care arrangements are agreed between the Academy and parents and, if appropriate, by the student. Consent forms are signed by the parent and stored in the student's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and the Academy. Parents/carers would then be contacted immediately.

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

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Head of the Academy or the designated members of staff responsible for safeguarding.



Guidelines for good practice

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

Young students and students with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse students.

It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard students and staff.

- Involve the student in the intimate care.
- Try to encourage a student's independence as far as possible in his or her intimate care. Where a situation renders a student fully independent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the student or parent about any preferences while carrying out the intimate care.
- Treat every student with dignity and respect and ensure privacy appropriate to the student's age and situation.
- **Care should not be carried out by a member of staff working alone with a student.**
- Make sure practice in intimate care is consistent.
- As a student may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Be aware of your own limitations.
- Only carry out activities you understand and feel competent with. If in doubt, ASK.
- Promote positive self-esteem and body image.
- Confident, self-assured students who feel their body belongs to them are less vulnerable to sexual abuse.
- The approach you take to intimate care can convey lots of messages to a student about their body worth.
- Your attitude to a student's intimate care is important. Keeping in mind the student's age, routine care can be both efficient and relaxed.
- If you have concerns you must report them.
- If you observe any unusual markings, discolouration or swelling report it immediately to the designated member of staff responsible for safeguarding.
- If a student is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the student, ensure their safety and report the incident immediately to the designated member of staff.
- Report and record any unusual emotional or behavioural response by the student. A written record of concerns must be made available to parents/carers and kept in the student's personal file.

Working with students of the opposite sex

There is a positive value in both male and female staff being involved with students. Ideally, every student should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. Where possible intimate care should be carried out by a same sex member of staff.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:



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

Communication with children

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

- Make eye contact as the student's level;
- Use simple language and repeat if necessary;
- Wait for response;
- Continue to explain to the student what is happening even if there is no response; and
- Treat the student as an individual with dignity and respect.