

SLS Medical Policy

Date of approval: May 2023

Review by: May 2025



Educating through faith, hope and love

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At St Luke's CE School our approach and procedures around medical issues and medicine in school are based on the following principles:

- Regular attendance at school is essential for children to make the best progress they can;
- Every effort should be made to ensure that children who require medication to fully participate in education still receive their full entitlement;
- school staff should not be left in vulnerable positions;
- every child should be protected from harm;
- if a child is not able to attend school for a prolonged period because of a medical condition the school will do what it can to support the child's education.
- No child with long term medical needs should be penalized for attendance if this is related to medical appointments e.g. hospital appointments or their medical condition. Evidence of medical appointments should be provided to the school office in advance of the appointment date.

The named person with responsibility for implementing this policy is Julie Galton (SENDCo)

Infectious Illness

Usually, if a child requires medicine it is because they are unwell. In this situation the child should remain at home, for their own sake and the sake of their classmates, until they are well again and no longer infectious.

If a child has an infectious disease (e.g. rubella, conjunctivitis, head lice, impetigo, measles, mumps or ringworm) parents should alert the school office immediately. The table gives guidelines for minimum times before children can return to school.

Illness	Guideline
Vomiting	Return to school after 48 hours clear of symptoms
Diarrhea	Return to school after 48 hours clear of symptoms
Head lice	Treat the whole family and then return to school
Conjunctivitis	Return to school after 24 hours clear of symptoms
Chicken Pox	Return to school when all the blisters have fully crusted over, usually 5-7 days after the first blisters
Asthma	Clearly labelled pumps and spacers can be stored at school and will always be taken on school trips.

SECTION 1

MEDICINES IN SCHOOL

Usually children needing to take medicine will be unwell and so not be at school. However, there are some children who may need medicine during the school day and their needs fall into three groups:

Group 1: Short term provision e.g. antibiotics when a child is fully recovered from an illness but needs to complete a course of treatment.

Group 2: Acute relief from sudden symptoms e.g. inhalers for asthma, or epi-pens for allergies.

Group 3: Children with a chronic condition whose medication regime requires a dose between 09:00 and 15:30.

Parents are responsible for ensuring the school has up to date contact details for use in the event of the school needing to contact the parent about medication or in the event of an emergency.

A parental consent form must be completed each time there is a request for medication to be administered (see appendix 1). All relevant information must be supplied including:

- child's name
- child's date of birth
- name, strength and quantity of medication provided
- clear concise dosage instructions
- reason for the request
- emergency contact names and telephone numbers
- parent/carer signature

Schools are expected to keep written records of all medicines administered to pupils, the date and time given, the dose given, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. The record sheets are kept in the medical room.

Reasons for any non-administration of medication should also be recorded and the parent/carer informed as soon as possible. "Wasted" doses (e.g. tablet dropped on floor) should also be recorded.

If a child is self-administering there should be a written request which states whether or not the self-administration needs to be supervised.

Children in Group 1

Parents must complete the relevant form for medicines which are to be taken. All medicines should be supplied in the original container.

The label on the container must state the following:

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- the name of the child
- the date of birth
- route of administration, intervals and amount to be given

The school will then complete their part of the form and give a copy to the parent. The adult administering or supervising the medicine will complete the record sheet.

Children in Group 2

These children may require a medication planning meeting and the completion of an Asthma or Medical Plan, if required. This sets out clearly what the child needs in an emergency. The plan may be supplemented by an anaphylaxis plan or acute asthma plan. For some children it may be sufficient for the parent to complete the medical plan form after discussion with a First Aider rather than requiring a full planning meeting.

For all children requiring occasional emergency support, one full set of medication and equipment is stored in labelled orange bags in a secure cupboard in the office. A copy of their individual medication plan is also stored here. All medication and equipment relating to this group of children must be taken with children when they are taken off-site for activities.

A list of staff trained in EpiPen administration or acute asthma relief or in Paediatric First Aid is in the office and one of these people should be called in the event of the medication being administered. It is essential that all staff (including supply staff, lunchtime supervisory staff etc.) are able to recognise the onset of the condition and take appropriate action, i.e. summon the trained person, call for ambulance if necessary etc.

Advice and training can be purchased from the school nursing service where required. The plans and medication for all children are reviewed regularly.

Parents are responsible for ensuring inhalers and EpiPens are up to date and that all the medical information for the child is up to date.

Pictures of children with acute allergies and a list of triggers are displayed in the staffroom, the medical room, the Headteacher's office, the PPA room. and the school office. A note of all allergies and children's pictures are also in the school kitchen and the individual child's classroom. All staff are informed of the children in this group.

Children with inhalers or epi-pens will know where their medication is stored and be able to access them when necessary. Staff will always allow children supervised access to inhalers and medication.

Children in Group 3

These children require a medical planning meeting and the completion of a Healthcare Plan.

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The aim with this group is to support them in becoming as independent as possible in managing their medication on a long-term basis. This will be best achieved by the smallest possible group of adults being involved and a routine being established. Other children do not need to know about the child's condition and as much privacy as possible should be provided. Staff will be informed on a need to know basis.

Procedure for administering medicine

Look at the container and the form and check:

- that the medicine matches the form;
- that the child's name is on the medication on a pharmacy label;
- that the child is the named child;
- that the timing requirements are correct (e.g. before or after food).

If the dose is a measured dose and there is no calibrated spoon or container, seek advice from the Head teacher. DO NOT GUESS. Give medicine then complete the record and store medicine as stated on the label.

School staff

No member of staff is required to give medicine if they do not wish to do so, but if these guidelines are followed none should have any anxiety.

Parents are asked to sign to say that they understand that staff are not medical practitioners and can only administer medicine as would a parent. If there is ever any doubt about the medication or the labelling is unclear, advice must always be sought from the Headteacher in the first instance. In the absence of the Headteacher, a member of the Senior Leadership Team should be contacted.

Other medication

School staff are not permitted to give any non-prescribed medication, any pain relief or any other medication without permission.

Long-Term Illness

If a child has a condition that prevents them from attending school but if the child in themselves is able to concentrate and well enough to work, the following guidelines will be followed:

- After one week of absence, and at the request of a parent who can confirm that the child is well enough to work, the class teacher will send work for the child to do at home.
- After two weeks of absence, parents will be offered a meeting with the class teacher to discuss how long the child is likely to be away from school and how the school can support the child's education in the mean time, usually by sending work home.

Accidents and Illness During the School Day

Information about First Aid Procedures will be included in staff induction. First Aid notices indicating the location of equipment and names of First Aiders will be clear. There will always be a trained paediatric first aider on-site. Their role includes:

- Replenishing first aid boxes;
- Calling for an ambulance should it be necessary;
- Carry out simple actions to prevent minor injuries becoming worse according to their training.

Whenever children are taken off-site, the teacher in-charge should take a First Aid Kit.

If a child becomes ill during the day or has an accident but is well enough to remain at school, a note should be made in the Accident Book and parents should be informed at the end of the day what has happened. If a child is not well enough to remain at school parents should be contacted during the day and asked to collect. When a child joins St Luke's CE School we ask for your contact information and the information of someone else who could collect the child if the parent is unavailable.

SECTION 2

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Aims

This section of the policy aims to ensure that:

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

The governing board will implement this policy by:

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

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2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

This policy also complies with our funding agreement and articles of association.

As soon as it is clear that a child will be absent for **more than 15 days**, this can either be consecutive days or a total of days over a period of time, **the local authority must make sure that suitable education is provided**. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in academies, free schools, special schools and independent schools as well as those in maintained schools.

The Department for Education has published the following statutory guidance for local authorities and schools; outlining their roles to ensure children receive a good education.

- [Supporting pupils with medical conditions at school](#)
- [Ensuring a good education for children who cannot attend school because of health needs](#)

Roles and responsibilities

3.1 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

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

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

4. Equal opportunities

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

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

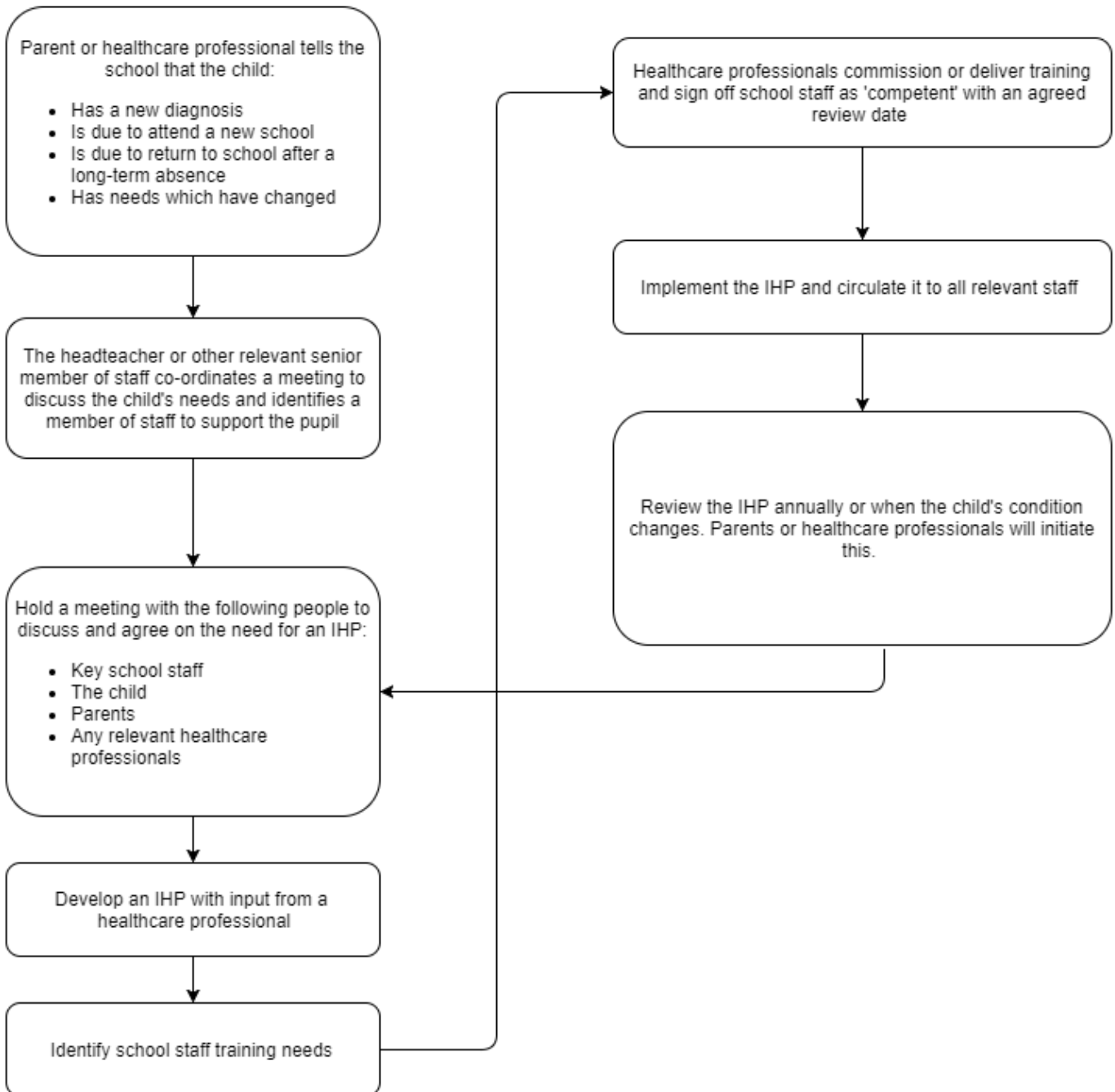
When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

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6. Individual Healthcare Plans (IHP)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo, Julie Galton.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When

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- By whom

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

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Headteacher/SENCo will consider the following when deciding what information to record on IHPs:

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

7. Managing medicines

Prescription medicines will only be administered at school:

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

As all pupil at St Luke's are under 16 years of ages, they will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

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

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

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

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

7.1 Pupils managing their own needs

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

Pupils are able to access their own medicines and relevant devices with support from an adult and under the supervision of the paediatric first aider. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.2 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their

medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs

- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training

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

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher /SENDCo. Training will be kept up to date.

Training will:

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

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

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

10. Record keeping

The Governing Body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school's insurance policies are held through the LDBS.

The school's Certificate of Employer's Liability Insurance policy number is: Y089153QBE0118A

Copies of all insurance policies can be found in the school office.

12. Complaints

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

13. Monitoring arrangements

This policy will be reviewed and approved by the Governing Body every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy

SECTION 3

PERSONAL CARE

This part of the policy is to provide guidance for the toileting needs of children in the EYFS including issues such as toilet training, incontinence and toilet accidents. It may also be useful in dealing with other incidents that may require a child to remove their clothes. These include changes required as a result of water play, messy play, sickness, weather etc.

Toilet training is a parental responsibility and we would hope that children would start school being toilet trained. However, if they are not toilet trained, we will support and work with parents towards successful toilet training.

The school has an obligation to meet the needs of children with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from participating from activities if they are not toilet-trained. We work with parents towards toilet training unless there is a medical or other developmental reason why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgmental concern of adults.

The school will share policy and procedures for dealing with children's general toileting needs with parents or carers. It is important that there is a positive dialogue between home and school about strategies in use with the child so that these can be reinforced as appropriate.

Principles

- It is the right of the child to be treated with sensitivity and respect, and in such a way that their experience of personal care is a positive one. As far as possible the child should be allowed to exercise choice and should be encouraged to have a positive image of their body.
- There should be recognition that toileting support can involve risks for both the child and any adults in attendance.

Reception

In Reception we have an expectation that children will –

- Know when they need to go to the toilet.
- Know how to use the toilet for themselves.
- Be reasonably effective at cleaning themselves after using the toilet.

Whilst in Reception class -

- Children can access the toilets whenever they have the need to and are encouraged to be independent.

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- Children are reminded at regular times to go to the toilet- eg before and after lunch, before leaving the building.
- Children are encouraged to wash their hands and have soap and towels/dryer to hand.
- Children are not to be left in soiled or wet pants or clothes as the school has a 'duty of care' towards children's needs and this could be interpreted as neglect.
- All staff are familiar with the hygiene procedures and carry them out when changing children.

However, we recognise that children develop at different rates.

- Some children will be engaged in fully developing this aspect of their self- care when they start school.
- Some children may start wetting or soiling themselves after they start school during the settling in period. In these circumstances, the Teacher communicates sensitively with parents to determine if this is a temporary set-back (anxiety, arrival of new sibling, illness).
- Some children will come to school with ongoing/specific physical or medical issues such as urinary tract infections or soiling difficulties. If the child requires a medical care plan, Local Authority policies on child protection and managing children's needs will be consulted.

Advice and Support

There are other professionals who can help with advice and support. Family Health Visitors and Community Nursery Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for the child's delayed development.

Sensitivity and Respect

- The child should be spoken to by name and given explanations of what is happening.
- Privacy appropriate to the child's age and situation should be provided.
- The child should be encouraged to care for him/herself as far as possible.
- Items of spare clothing should be readily available.
- Adults should be aware and responsive to the child's reactions.
- The dignity of the child should be respected and so as much as can be kept confidential between child, school and parent is kept confidential.

Safeguarding Children and Adults

Anyone caring for children has a common law duty of care to act like any prudent parent.

Staff ensure that children are healthy and safe at all times.

- Adults dealing with the toileting needs of children should be employees of the school and have undergone enhanced CRB disclosure.

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- All staff are aware of the school's protocol and procedures.
- All staff have received appropriate training and will receive support where necessary.
- All toileting accidents are reported to parent or carers on the day of the incident. Persistent toileting incidents are usually logged. When logged, information to be recorded includes-the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken.
- The parents are informed on the same day that the accident has taken place and staff should have the opportunity to raise any concerns or issues.
- The normal process of cleaning a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the process to ensure that abuse does not take place.
- CRB checks are carried out to ensure the safety of the children with staff employed by the school.

If there is known risk of false allegation by a child or parent, then a single member of staff should not clean a child unsupervised. Members of staff should ensure that they do not change or clean a child in a room with the door closed.

Health and Safety

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- Staff should wear disposable gloves and aprons to deal with the incident.
- We provide baby wipes to clean the child and encourage the child to use them to wash the private parts of their body if necessary.
- Soiled clothing is bagged and tied.
- Hot water and soap should be available to wash hands as soon as the task is completed.

Roles and Responsibilities

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. If it becomes evident that a child has an on-going problem that requires regular intimate care intervention, the school will make arrangements with the parent/carer for the long term resolution of the problem.

This is likely to include a care plan that involves the parent/carer directly as well as external reference to a Health Care professional.

Introducing Toilet Training

We look out for signs that a child is ready for potty/toilet training and we work with parents to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.

A child will pass through these 3 stages as they develop bowel/bladder control:

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1. The child becomes aware of having wet or dirty pants.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance.

Toilet training will be more successful if the child is at the last stage. Assess the child over a period of 2 weeks to determine:

- *If there is a pattern to when the child is soiled/wet.
- *The indicators that the child is giving that they need the toilet (actions, facial expressions).
- *Hourly visits to the toilet and monitoring of wet, soiled or dirty pants help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- *Familiarise the child with the toilets, use other children as good role-models (being sensitive to their privacy), flush toilets, wash hands etc.
- *Encourage the child to use the toilet when they are indicating in some way that there is a need, but do not force the issue.
- *Take the child to the toilet at a time when monitoring has indicated that they usually opens their bowels.
- *Ensure that they are able to reach and are comfortable on the toilet. Training seats may be provided by parents.
- *Stay with the child and talk to them to make the experience more relaxed.
- *Accept that the child may not use the toilet – it may take time to develop the idea of what is expected. Don't become anxious, praise the child when the toilet is used.
- *There may be some setbacks (possibly an emotional reason), patiently continue.
- *Accidents will occur, deal with them discreetly and without fuss.
- *The process may take time – be patient and the reward will be very satisfying. It is important to develop a home/school approach in order for the process to succeed.
- *The child's EHCP will outline their needs and objectives and the educational provision to meet those needs and objectives. Funding is provided to meet the child's needs.
- *When a child's independence and self-help skills are delayed these will be identified in the EHCP and programmes will be recommended to develop these skills.

APPENDIX

In some circumstances it may be appropriate for the school to set up a **home/school agreement** that defines the responsibilities that each party has, and the expectations that each has for the other. This might include:

The parent:

- *Agreeing to ensure that the child is toileted at the latest possible time before being brought to school.
- *Providing the school with a change of clothing, wipes etc.

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*Understanding and agreeing the procedures that will be followed when their child is changed at school.

*Agreeing to inform the school should the child have any rashes or marks.

*Agreeing to a minimum change policy ie the school would not undertake to change a child more frequently than if they were at home.

*Agreeing to review arrangements should this be necessary.

The school:

*Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.

*Agreeing to monitor the number of times the child is changed in order to identify progress made.

*Agreeing to report should the child be distressed or if rashes or marks are seen.

* Agreeing to review arrangements should this be necessary.

Procedure for Personal Care of an Individual Pupil

The guidelines may specify:

*Where changing will take place.

*What resources will be used (cleansing agents or cream to be provided and applied in accordance with parent's wishes and written consent).

*How the soiled clothing will be disposed of.

*What infection control measures are in place.

*What the staff member will do if a child is unduly distressed by the experience or if a staff member notices marks or injuries.

SLS Medical Policy

Date of approval: May 2023

Review by: May 2025

Complaints Procedure

If anyone in the school community feels that this policy is not being followed then they should raise the matter first with the Headteacher and, if concerns persists, with the Chair of Governors who will facilitate the appropriate action, which may include an investigation. If there is a formal complaint, then the school's complaints procedure will be followed.

Copies of this policy will be available in the staff handbook, from the school office and on the school website.

This policy has been agreed by the Headteacher and the Governing Body.

Headteacher signature: _____ Print name: _____

Date: _____

Chair of Governors' signature: _____ Print name: _____

Date: _____