

Medical and Intimate Care Policy

**Member of SLT Responsible for Policy: D.Perks/ W.Tolhurst-
Jones**

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Statement of intent

Shrewsbury Academy wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the DfE's guidance released in April 2014: Supporting pupils at school with medical conditions.

Ofsted places a clear emphasis on meeting the needs of pupils with special educational needs and disabilities (SEND), and this includes children with medical conditions.

Shrewsbury Academy has always had a strong emphasis on being a community school that has these values at its heart.

- values everyone equally regardless of ability or background
- puts good relationships at the heart of all it does
- ensures that excellent teaching and learning is our core activity
- sets high expectations in a supportive and caring atmosphere
- promotes self-reliance and personal development
- focuses on hard work, achievement and excellence
- conducts rigorous evaluation to ensure continuous improvement

As an academy the school takes its support seriously and finances the appropriate support where resources and the environment allows.

Signed by:

_____ **Headteacher**

Date: _____

_____ Chair of Governors

Date: _____

1.Key roles and responsibilities

The local authority (LA) is responsible for:

Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.

Providing support, advice and guidance to schools and their staff.

Making alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to a medical condition.

Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHCPs) can be delivered effectively.

The governing body is responsible for:

The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Shrewsbury Academy

Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

Handling complaints regarding this policy as outlined in the school's Complaints Policy.

Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.

Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.

Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.

Keeping written records of any and all medicines administered to [individual pupils](#) and [across the school population](#).

Ensuring the level of insurance in place reflects the level of risk.

The headteacher is responsible for:

The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Shrewsbury Academy.

Ensuring the policy is developed effectively within school and with partner agencies (At Corndon Crescent Campus, Ashley Bebb is the designated point of contact for First Aid and medical concerns and Claire Tudor at Worcester Road Campus)

Making staff aware of this policy.

Ensuring that IHCPs that have been developed by the school's designated staff are effectively being followed and reviewed

Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.

Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

Designated point of contact for First Aid / Medical concerns

Organising appropriate and time specific first-aid training

Liaising with healthcare professionals regarding the training required for staff.

Contacting the school nursing service in the case of any child who has a medical condition.

Making staff who need to know, aware of a child's medical condition.

Staff members are responsible for:

Taking appropriate steps to support children with medical conditions.

Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.

Administering medication, if they have agreed to undertake that responsibility. A medication log is retained by the school.

Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.

Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

The designated point of contact for First Aid has a list of staff that are appropriately trained in the use of injections e.g. Epipen. For diabetics the school encourages students to self administer where possible.

School nurses are responsible for:

Notifying the school when a child has been identified with requiring support in school due to a medical condition.

Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

Keeping the school informed about any changes to their child/children's health.

Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school.

Providing the school with the medication their child requires and keeping it up-to-date.

Collecting any leftover medicine at the end of the course or year.

Discussing medications with their child/children prior to requesting that a staff member administers the medication.

Where necessary, developing an [IHCP](#) for their child in collaboration with the designated point of contact other staff members and healthcare professionals.

2. Definitions

“Medication” is defined as any prescribed or over the counter medicine.

“Prescription medication” is defined as any drug or device prescribed by a doctor.

A “staff member” is defined as any member of staff employed at Shrewsbury Academy, including teachers.

3. Training of staff

Teachers and support staff will receive regular and ongoing training as part of their development as required to ensure appropriate support for students. The school policy defines a well trained list of staff as being competent to deliver basic medical needs. This is based on relative risk.

The designated point of contact for first aid / medical support will ensure that appropriate up to date training is undertaken and recorded

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering medication.

No staff member may administer drugs by injection unless they have received training in this responsibility.

The designated point of contact will keep a record of training undertaken and a list of teachers qualified to undertake responsibilities under this policy and will inform the HR Team at Shrewsbury Academies Trust

4. The role of the child

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location (Student Services). A central Record is kept in a file and must be signed when medication has been given. Medication is locked away by Student Services Support and spare key is available in their absence.

If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored. If refusal to take medication leads to an increased risk of harm to themselves or others the school will undertake a risk assessment as to the child's suitability for main stream education.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of an appropriate member of staff (Student Services).

5. Individual Healthcare Plans (IHCPs)

Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, designated point of contact, special educational needs coordinator (SENCO) and medical professionals.

IHCPs will be easily accessible while preserving confidentiality.

IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care (EHC) plan or special needs statement, the IHCP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

6. Medicines

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines **MUST** be **in date, labelled**, and provided in the **original container** (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks supply of the medication may be provided to the school at one time.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug Education policy.

Medications will be stored in the Student Services Office

Any medications left over at the end of the course will be returned to the child's parents.

Pupils will never be prevented from accessing their medication.

Shrewsbury Academy cannot be held responsible for side effects that occur when medication is taken correctly.

7. Administering medication

Relevant Teachers and support staff will receive regular ongoing training as part of their specific duties that are required to ensure compliance with this policy

Medications will only be administered at school if it would be detrimental to the child not to do so.

Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of an appropriate member of staff

Written records will be kept of any medication administered to children and a central record is kept in a file in Student Services.

8. Emergencies

Medical emergencies will be dealt with under the academy's emergency procedures.

Where an IHCP is in place, it should detail:

- What constitutes an emergency?
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9. First aid

Shrewsbury Academy accepts its responsibilities under the Health and Safety (First Aid) Regulations 1981.

The Shrewsbury Academy will ensure that an annual risk assessment of first aid needs is undertaken, appropriate to the circumstances of the school and the supporting of pupils with medical conditions.

The designated point of contact is responsible for organising first aid training.

New staff members are offered first aid training as part of their induction, where applicable. Unless first aid cover is part of a staff member's contract of employment, people who agree to become first aiders should do so on a voluntary basis.

Lunch time supervisors will also undertake first aid training.

The academy does not have a designated medical room and is aware that it is not meeting the DfE guidance in this area. The school is currently undergoing surveys for expansion and this facility will be part of those plans. Currently there is a designated area that is used for first aid. This is open and where there is a need for intimate or more personal care then spaces are sought as and when are needed. First aid is currently near to reception for easy access to transport to hospital. A duty roster is clearly displayed and staff provide reception with their timetable. A sink is available with hot, cold and drinking water nearby and portable first aid boxes are easily available. All first aid staff are aware of where these are obtainable.

The academy has first aid cabinets in at least 4 locations arranged around the site. The main storage cabinet is located in the entrance to the records room and this is locked. The key is available from the designated point of contact and spares are available. These cabinets contain a sufficient number of suitable provisions to enable the administration of first-aid.

The academy has at least four travelling first aid containers for use during school trips and off-site visits, which are stored in the main cabinet in the entrance to the student record room

Inventories are kept of all first aid supplies including expiry dates. Full lists can be found in each first aid container.

First aiders will be made aware of any pupils with medical conditions and treat them accordingly, should the need for first aid arise.

The main duties of the first aiders are to give immediate help to casualties with common injuries and those arising from specific hazards or medical conditions at the academy, and ensure that an ambulance or other professional medical help is called where appropriate.

The headteacher will ensure that procedures are in place to report any major or fatal injuries without delay (e.g. by telephone), as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Other reportable injuries will be reported within 10 days.

All staff should ensure that they have read the academy's Medical Policy and signed the training record to say they have done this.

Reasonable adjustments

Shrewsbury Academy will meet its duties under the Equality Act 2010.

Shrewsbury Academy will make reasonable adjustments for pupils with medical conditions, including the provision of auxiliary aids.

10. Intimate Care - Definitions and examples

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads and nappies, menstrual hygiene, helping someone use the toilet or washing intimate parts of the body.

Children may be unable to meet their own care needs for a variety of reasons and will require regular support.

11. Health and safety.

Spills should be cleaned up at the earliest opportunity using appropriate cleaning products

The changing area/toilet will be left clean and, where necessary, the caretaker/cleaning staff will be informed.

Hot water and soap are available to wash hands.

Paper towels are available to dry hands.

12. Staff and facilities

Staff members who provide intimate care are trained to do so (where training is available) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist/occupational therapist.

Shrewsbury Academy has two extended disabled toilet facilities with a washbasin.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty or menstruation.

13. Responsibilities for intimate care

The school will:

Arrange a multi-agency meeting to discuss the personal care needs of any pupil prior to them attending the school.

Involve the child who requires intimate care in planning for their own healthcare needs wherever possible.

Create, in liaison with the child and parents/carers, an Individual Healthcare Plan to ensure that reasonable adjustments are made for any child with a health condition or disability.

Regularly consult with all parents and pupils regarding toilet facilities.

Maintain the privacy and dignity of any pupil who requires intimate care.

Change the child, or assist them in changing themselves if they become wet, or soil themselves

Never leave a child in wet or soiled clothing.

React to accidents in a calm and sympathetic manner.

Keep accurate records of times, staff and any other details of incidents of intimate care.

Agree how often the child should be routinely changed if the child is in school for a full day, and designate a member of staff to change them.

Agree to a minimum number of changes.

Agree to encourage the child's participation in toileting procedures wherever possible.

Discuss and take the appropriate action to respect the cultural practices of the family.

Where possible, only allow same-sex intimate care.

Contact parents/carers if the child refuses to be changed, or becomes distressed during the process.

Maintain excellent standards of hygiene when carrying out intimate care.

Parents/carers should:

Change their child, or assist them in going to the toilet at the latest possible time before coming to school.

Provide spare incontinence pads, wet wipes and a change of clothes in case of accidents.

Read and sign this policy to ensure they understand the policies and procedures around intimate care.

Inform the school should their child have any marks/rashes.

Discuss with the school how often their child will need to be changed, and who will do the changing.

14. Safeguarding

Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

If any member of staff has concerns about physical changes to a child's presentation, such as marks or bruises, they will immediately report the concerns to the Designated Lead/Safeguarding Manager

15. Avoiding unacceptable practice

Shrewsbury Academy understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

- Teachers who undertake responsibilities within this policy are covered by the school's insurance.
- The Shrewsbury Academies Trust ensure that suitable insurance is in place to cover staff that administer first aid.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the headteacher.

Complaints

The details of how to make a complaint can be found in the Complaints Policy:

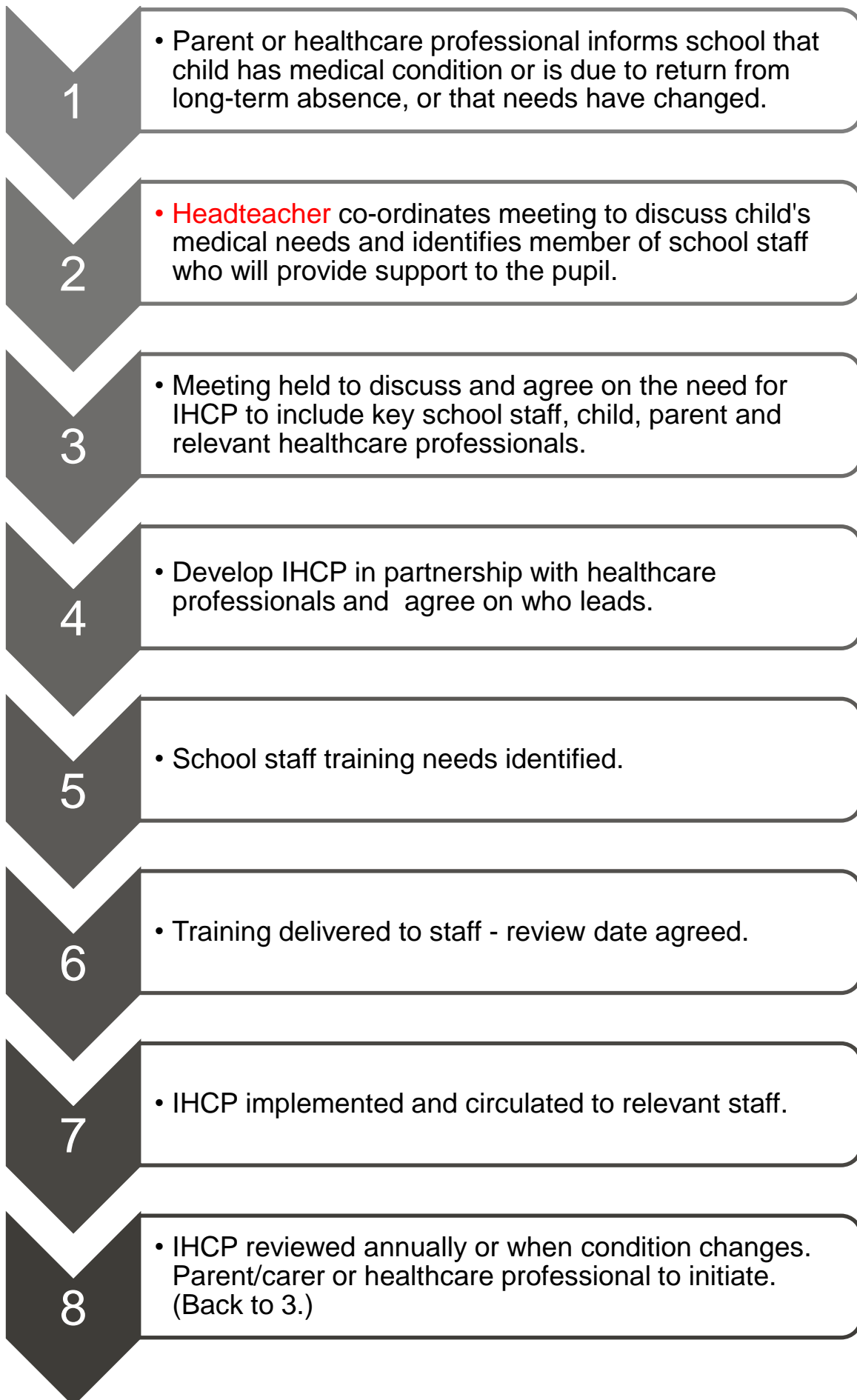
Stage 1 - Complaint Heard by Staff Member

Stage 2 - Complaint Heard by Headteacher

Stage 3 – Complaint Heard by Local Governing Bodies' Complaints Appeal Panel (CAP)

Stage 4 – Complaint Heard by Shrewsbury Academies Trust Complaints Appeal Panel

Appendix 1 - Individual healthcare plan implementation procedure



Shrewsbury Academy individual health care plan

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

Clinic/hospital contact

Name:

Phone number:

G.P.

Name:

Phone number:

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Who is responsible in an emergency (*state if different for off-site activities*):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix 3 - Parental agreement for a school to administer medicine template

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Shrewsbury Academy medicine administering form

Date for review to be initiated by:	
Name of child:	
Date of birth:	
Group/class/form:	
Medical condition or illness:	

Medicine

Name/type of medicine <i>(as described on the container):</i>	
Expiry date:	
Dosage and method:	
Timing:	
Special precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?:	
Self-administration – y/n:	
Procedures to take in an emergency:	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	Mrs Rogers in Student Services

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Shrewsbury Academy staff administering medicine in accordance with the academy's policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____

Date: _____

Appendix 4 -

Shrewsbury Academy record of medicine administered to an individual child

Name of child:

Date medicine provided by parent:

Group/class/form:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Staff signature: _____

Signature of parent: _____

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

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Time given:
Dose given:
Name of member of staff:
Staff initials:

Date:
Time given:
Dose given:
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Name of member of staff:
Staff initials:

Date:
Time given:
Dose given:
Name of member of staff:
Staff initials:

**Appendix 6 –
 Staff training record – administration of medicines**

Name of school/setting:	
Name:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that -----has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by designated point of contact – A. Bebb

Trainer’s signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Appendix 7 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number –

Your name.

Your location as follows:

The satnav postcode (if different from the postal code.)

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

Appendix 8 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for ----- I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include (add details of team) Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I (or add name of member of staff) would be happy for you contact (me/them) by email or to speak by phone if this would be helpful.

Yours sincerely,

(Name of Headteacher)

Appendix 10 – Intimate care risk assessment

Hazard	Risks	Risk level (H.M.L)	Precautions Needed	Risk Level Achieved (H.M.L)	Additional Action Needed
Trips, slips, falls	Major or minor risk to staff and children.		Toileting protocol in place and owned by all staff. Spillages of urine or faeces dealt with promptly.		Protocol followed. Spillage equipment available.
Health risks	Health risks to pupils and staff e.g. infection, diarrhoea, vomiting.		Protocol in place and owned by all staff. All staff trained in good hygiene practice. Staff aware of infection/health risks.		Protocol reviewed regularly and all staff receive refresher training.
Manual Handling	Major or minor risk of injury to staff and pupils.		Risk assessment in place. Staff training undertaken.		Staff members attend refresher training at regular intervals.
Inadequate changing facilities	Health and safety risk to staff and pupils.		Headteacher has an action point written into the Accessibility Plan for the school/setting. Protocol in place. Good hygiene practice, regular disinfecting of area. Privacy and dignity of pupil maintained.		Action plan prioritised.
School Trip/Visit Appendix 11,12,13 and 14 completed as required	Accessibility		Use of Stairs Wheelchair available Toileting, bathing and washing facilities (if required) Support to complete activities.		Staff organising visit liaise with provider to assess whether provisions are adequate to meet needs
Child protection (CP)	Injury to pupil or allegations against staff.		All staff members receive CP training and aware of best practice. All staff DBS checked. Protocol in place.		Staff members attend refresher training at regular intervals.
Equipment failure	Injury to pupil or staff.		Regular equipment maintenance by a competent adult. Regular staff checks. Faults reported.		
Fire	Injury or death.		H&S policy in place. Advice from Fire Service about safe practices and refuge areas.		Regular fire drills. All staff and pupils aware of fire safety procedures.

Appendix 12 - Toilet management plan

Child's Name _____ Class/Year Group _____

Name of Support Staff Involved _____

Date of Record _____ Review Date _____

Area of Need:	
Equipment required:	
Location of suitable toilet facilities:	
Support required:	Frequency of support:

Working towards Independence

Child will try to	Personal Assistant will	Target achieved (date)

Signed _____ Parents/Carers

Signed _____ Member of Staff

Signed _____ Second Member of Staff

Signed _____ Child (if appropriate)

Appendix 13 - Agreement between child and personal assistant

Child's Name _____ Class/Year Group _____

Name of Support Staff Involved _____

Date _____

Review Date _____

Support Staff

As the personal assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible, to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Signed _____ Member of Staff

Signed _____ Child (if appropriate)

Appendix 14 - Permission for school to provide intimate care

Child's Full Name	
Male/Female	
Date of Birth	
Parent/Carer's Full Name	
Address	

I understand that;

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the headteacher of any medical complaint my child may have which affects issues of intimate care.

Signed _____

Full Name _____

Relationship to Child _____

Date _____