



Education, Leisure and Housing Services

Guidance for Supporting our Children and young people with Healthcare Needs (incorporating Administration of Medicine/s)

Name of School/Setting

Glaitness School

Version Control

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This policy has been updated with reference to the following Scottish Government document: **‘Supporting children and young people with healthcare needs in schools. Guidance for NHS boards, education authority and schools.’**
December 2017

Please find the link to full document here:
<http://www.gov.scot/Publications/2017/12/3694>

Useful Definitions:

- ‘Parents and carers’ are the terms used for adults who have caring and guardian responsibilities for children and young people.
- ‘Settings’ refer to any place or venue that is managed, promoted or controlled by Education, Leisure or Housing for example; Schools, Papdale Halls of Residence, Youth clubs, after school clubs run by schools or Parent Councils etc.
- ‘Children and Young People’ refer to all who attend or participate in the venues or activities defined above and managed, promoted or controlled by Education Leisure and Housing.
- A healthcare plan is the general term for planning for children and young people who require additional support in relation to their health needs. Some settings may have a different name for this plan e.g. ‘Personal plan’ and this would incorporate the elements required for a healthcare plan if needed.

1. Introduction

Any child or young person at a school/setting run by Education, Leisure and Housing Service may require healthcare support or support for the administration of medication. Healthcare support or medication may be required for the management of short or long-term conditions or in response to an emergency, such as an allergic reaction.

2. Aim

To work in partnership with parents and carers, children and young people and professionals to ensure that children and young people who require healthcare support or medication during school time or while attending any Education, Leisure and Housing setting are able to receive it in a safe and secure environment which minimises the impact of their health or medical requirements on the day-to-day life of children and young people. Some children and young people will require a healthcare plan to enable this to happen.

The main purpose of an individual healthcare plan is to identify the level and type of support that is required to meet a child or young person’s healthcare needs at a school/setting. It is not anticipated that one will be required for short term needs where a child, for example, is taking a course of antibiotics. In such cases it would be sufficient to seek the appropriate consents and record details of the medication or procedure to be undertaken, time of administration or procedure and any possible side effects. Planning procedures should be proportionate and consider the best interests of the child or young person. More detailed planning and co-ordination will

often be required for those with longer term or complex healthcare or medical needs and should be managed via an individual healthcare plan. Many children and young people with complex healthcare or medical needs will also have a Child's Plan and possibly a Co-ordinated Support Plan (CSP).

Where there is concern about whether a school/setting can meet either a pupil's medical or care needs or the expectation of parents and carers, the Head Teacher/Senior Manager will seek advice from Education, Leisure and Housing and any relevant healthcare professional.

Appendices

Appendix 1 Record for the **administration of medicine.**

Appendix 2 Template for the **healthcare plan.**

Appendix 3 Template for **monitoring fridge temperature**

Appendix 4 Guidance for managing **intimate care**

3. Roles and Responsibilities

3.1. Parents and Carers

Parents and carers should provide the Head Teacher/Senior Manager or other nominated senior member of staff with the information about their child's medical condition, treatment, or any special care needed at the school/setting. If necessary they should, in partnership with the school/setting, create a healthcare plan, which will include information on the support required to address their child's medical needs. Parents and carers need to inform the school/setting of any changes to the healthcare needs of their child.

The confidentiality of a child's medical records and the cultural and religious views of families will always be respected.

When medication needs to be taken at school/setting

Medication should be taken to the school/setting only when it is needed. Often medication can be prescribed in dose-frequencies which enable it to be taken outside school/setting hours.

When medication is needed at a school/setting, parents and carers will be asked for the following information:

- Name of medicine as it appears on the dispensing label.
- Appearance or form of the medication e.g. liquid or tablets.
- Strength and Dose.
- Method of administration.
- Time and frequency of administration.

- Other treatment which may involve school/setting staff or affect the child's performance during the school/setting day.
- Side effects which may have a bearing on the child's behaviour or performance at school/setting.
- Parents and carers should advise the school/setting of any changes in the medication administered to their child immediately.
- The patient information leaflet (or school/setting to take a copy)

The Head Teacher/Senior Manager will confirm that the details on the dispensing label match the information provided by the parent/carer.

3.2. School/settings

The Head Teacher/Senior Manager or nominated senior member of staff are responsible for implementing this Education, Leisure and Housing policy and for developing any further necessary procedures. School/settings and parents and carers should work together to ensure that all relevant information with regard to a medical condition that may affect a pupil is passed on to all concerned. Information will only be requested from parents and carers when it is necessary to ensure the health and safety of the individual pupil and/or his peers at the school/setting. The school/setting may seek additional specialist advice from relevant healthcare professionals. School/settings handbooks should contain brief information on this with a clear reference to this policy.

School/settings should liaise with appropriate colleagues and partner services to ensure that training and support is available when appropriate.

Where an employee of the Education, Leisure and housing Service, acting in the course of their employment, administers prescribed medication to a person in the charge of the Council such as a school/setting child or young person, in accordance with that person's (if it's a child, their parent/carer) written instruction and/or direction, they will be indemnified, by the Council's liability insurance for a claim for negligence relating to injury or loss caused by their actions, provided they have fully complied with the terms of this policy and the procedures detailed therein.

Settings will identify staff who are responsible for administering medication and supporting children and young people with their healthcare needs as part of their duty of care towards children and young people.

3.3. Education, Leisure and Housing Service

The Education, Leisure and Housing Service (ELH) is responsible for supporting appropriate training to enable staff to support children and young people with medical needs which involve the administration of medication. This will be arranged in partnership with the school/setting and Orkney Health and Care (OHAC). The content of training will include health and safety measures required as a result of a health and safety risk assessment.

Where medication is required which involves possible hazards to the administering or supporting member of staff or to other children and young people, schools/settings should undertake a specific risk assessment. The Education, Leisure and Housing

Service will offer advice and guidance to school/settings on the necessary policy and procedures to ensure the safety of children and young people when medication is taken or administered during school/setting time.

In the first instance schools/settings should contact:

Education, Leisure and Housing

Council offices

School/setting Place

Kirkwall

KW15 1NY

Telephone: 01856873535

Fax: 01856870302

The Education Service will regularly update its own policy and the guidance contained within it in line with local and national developments and the relevant legislation.

3.4 The School Health Service

The role of the school health team is to provide support to children, young people and their families in school and to provide advice and guidance on supporting healthcare needs in schools.

The school health team includes GPs, school nurses, speech and language, dieticians, occupational therapists, physiotherapists and the Child and Adolescent Mental Health Service (CAMHS). This NHS team of staff can work collaboratively with the education authority within school/settings and communities.

Where required, the school health team can contribute to the formation of individual healthcare plans and may be able to supplement information already provided by the parents and carers and the child's GP. It is recommended that any care plans relating to medication are drawn up between parents/carer, child and GP. This process relies on leadership from both school and the school health team.

The school health team must work collaboratively with staff in the education authority and schools, to ensure the health needs of children and young people are identified, supported and kept under review. There may be times when a key health professional is the most appropriate health contact for a child or young person. E.g paediatric physiotherapist. This should be clarified as part of the healthcare plan.

4. Supporting children and young people with short-term healthcare needs including administration of medication

There may be occasions where a child or young person may require adjustments or medication at school/setting to meet those needs. E.g. If a child or young person breaks their leg, a child or young person needs a short-term antibiotic. On occasion, a short-term healthcare plan may be put in place, especially where several adjustments may have to be made.

In the case of short-term medication, a healthcare plan will not usually be needed but parents and carers are required to provide a new consent for each time medication is required.

Accurate records should be maintained of any medication stored on the premises for the use of children and young people who attend the school/setting – this must include medicines received and returned to parents and carers.

Parents/carers should ensure that they have administered or have been present for the first dose of any medication for their child to allow them to be on hand for any adverse reaction to the medication their child may have. In Papdale Halls of Residence, staff would ensure that they administered the first dose of any medication to monitor any adverse reaction.

It is good practice to allow children and young people to manage their own medication from a relatively early age and school/settings with agreement from parents and carers should encourage and support this. Eg Children and young people can give themselves their own medication under the supervision from an adult. Where required, appropriately hygienic facilities should be provided to allow for this and staff should also ensure privacy and dignity for children and young people where possible.

Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored and recorded regularly. (appendix 3) Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school/setting has to store large quantities of medicines, then a lockable medical refrigerator might be preferable.

Advice on the storage of medicines should be sought from a qualified pharmacist when required.

A record should be completed for each pupil receiving medication. Appendix 1 provides the record for the administration of medicine. If at any time there was a change to the timings of administration of medication as set out and agreed on the record, it is important that staff and parents and carers communicate this with each other on that day. Schools should ensure that parents can complete the form and get it back to school on the day medication is required. It may be that for some exceptional cases, parents could receive the form electronically and that a telephone conversation could be had to ensure that the children receive the appropriate medication. E.g when a young person from one of the isles is coming into Kirkwall and parents can't get to the school. All communication should be recorded and agreed and kept together with the administration of medication form.

This should include the following information:

- Symptoms staff may see before they administer medication.
- Name of medicine.
- Appearance or form of medicine.
- Dose and strength of medicine.
- Method of administration.
- Quantity of medicine remaining.

- Time and frequency of administration.
- Other treatment which may involve school/setting staff or affect the child's performance during the school/setting day.
- Side effects which may have a bearing on the child's behaviour or performance at school/setting.
- Reasons why a regular medicine is not given as prescribed, for example a child refused the medicine, medicine was not available.
- Date medication stopped and when any remaining medication (if any) is given back to parents and carers.

Where it is considered that medication will need to be administered at schools/settings, medication should always be supplied by the parents/carers to the school in its original packaging including any patient information leaflet. Parents/carers may, therefore, need to obtain a separate prescription for medication to be taken and held at school/setting. If this isn't possible, then it should be decanted by an appropriate healthcare practitioner/pharmacist with an appropriate label or instruction. The parent/carer should also ensure that they provide clear instructions about how long the medication needs to be taken for, and any other relevant information that isn't provided on the label or patient information leaflet. This information should be captured on the administration of medication consent form that must be completed by parents or carers.

If a child has taken medication before going to school or setting, then parents and carers should provide information to the school/setting in respect of the time the medication was taken, and the dosage given, in order to prevent the risk of overdosing during the school/settings day. This would also apply to as required medication.

All medicines brought into school/setting for use should be in their original container, clearly labelled with a dispensing label that includes the following information:

- Name of the pupil.
- Name of the drug.
- Dosage.
- Frequency of administration.
- Date of Birth.

Each child should have an individual container/ziplock bag etc with their name and date of birth clearly marked on it. Where a pupil needs two or more prescribed medicines, each should be in a separate container with the dispensing label clearly on both.

All medication that is expired or no longer required by the child must be returned to the parents and carers for disposal.

Staff will not compel a child or young person to take medication.

If a child or young person refuses to take medication or spits it out, the school/setting will record this and inform the child's parents/carers. If the medication is essential to

the child's continued wellbeing, the school/setting may consider this to be a medical emergency and will then treat it as such.

If a child has been given too much medication or the wrong child has been given medication, parents/carers should be informed immediately, and this should be recorded. If this results in a medical emergency, then it should be treated as such and the guidance contained in section 6 of this policy should be followed.

5. Supporting children and young people with longer term or more complex healthcare needs

Where children and young people have longer term or more complex healthcare needs then an individual healthcare plan needs to be established and formally reviewed at least annually. The Head Teacher/Senior Manager or nominated senior member of staff is responsible for overseeing the healthcare plans. Appendix 2 provides the template for the healthcare plan.

Clear information needs to be recorded for children and young people with longer-term or more complex healthcare needs, for example diabetes, epilepsy, asthma and other long-term medical needs. Each medication and any condition/s should be recorded in the child or young person's healthcare record. This healthcare record should detail the information the school/setting needs to ensure that children and young people have access to the appropriate support and care in managing their condition/s. It may be that in addition to the healthcare plan, a protocol is drawn up for a specific procedure relating to a long-term condition. E.g applying cream or protocols in the case of a seizure or asthma attack. Please see P49/50 of the Scottish Government document as an example of a protocol relating to asthma.

<http://www.gov.scot/Publications/2017/12/3694>

All the usual procedures for administration of medication in section 4 should be followed as in short term healthcare needs and the same information should be gathered in relation to medication/s required and accurate records kept of any medication administered.

If medication must be given on a "when required" basis, it is important that staff know the symptoms it has been prescribed for and that these are recorded in the child's healthcare records. Staff must record the reason for administering the medication e.g. high temperature, itching or sneezing etc.

If the school/setting locks away medication, all school/setting staff should know where to obtain keys to access the locked cabinet or fridge. Where appropriate, individual children and young people may have access to their medication and the key for any locked medication as part of the healthcare plan and subject to any risk assessment process.

School/settings may also need to make special arrangements for any emergency medication that children and young people require. It may not be appropriate to keep emergency medications like inhalers or adrenaline injections in a locked cupboard as these need to be readily available and accessible to staff.

Information about an individual pupil's medical condition and related needs will only be disseminated to those staff who need to know, including those who have volunteered to assist with the administration of medicines in order to ensure the pupil's healthcare needs are met and that children and young people are supported and given the best opportunities for their time in school/setting. This may include agency or supply staff. Good practice would suggest that dissemination of information should be described as part of the healthcare plan.

When the school/setting stores medicines a secure location must be provided. In ensuring that medicines are accessible only to those for whom they are prescribed, school/settings should consider, as part of their policy, the implications for children and young people carrying their own medication. The relevant risk/benefit assessment should take into consideration relevant storage facilities, double locks, keys, restricted, audited and corroborated access.

Certain medications which may be needed in an emergency, such as inhalers, must be readily available to children and young people and not locked away. Normally children and young people will carry their own inhalers with them. Where children and young people have a spare inhaler for the school/setting, it would be held in the medicine store clearly labelled with the pupil's name and must not be used for any other pupil.

There should be an assessment of the child or young person's capability to manage their health needs and carry their medication if required. This should identify actions to help support children and young people, if possible and appropriate, to progressively manage their medical or health needs over time. The arrangements must also be flexible and sensitive to the needs of children and young people on any given day. Illness, for example, may impact on how much support the individual requires. It may, therefore, be appropriate to supervise children and young people who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health or education.

Where a child is managing medication, themselves they should not normally be expected to give up their medication for storage. In allowing children and young people to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.

Where individual children and young people do not hold their own medication, they must know where it is stored. Medication should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children and young people for whom it is prescribed.

Staff should be familiar with the normal procedures for avoiding infection and will follow the basic hygiene procedures detailed in the Infection Control Guidelines.

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf

Any equipment kept in school and used for individuals e.g 5 ml spoons, spacers and oral syringes should be cleaned appropriately and stored with the individual's medication ready for the next use.

Staff must not compel a pupil to take medication.

If a pupil refuses to take medication the school/setting will record this and inform the child's parents and carers. If the medication is essential to the child's continued wellbeing, the school/setting may consider this to be a medical emergency and will then treat it as such.

Emergency salbutamol in schools in Scotland.

In schools where 2 or more children or young people require inhalers, an emergency salbutamol inhaler can be purchased by schools/settings and kept in the event of an emergency, for example, where a child or young person needed an inhaler but did not have theirs with them. This would be clearly marked as a school emergency inhaler and the school would take responsibility for ensuring that it is kept in date and any use is recorded on an administration of medication record with it being clearly marked as emergency use of school inhaler. Any emergency use of school inhalers would be reported to parents and carers as soon as practically possible following the incident. Emergency salbutamol inhalers must only be used by children and young people who are diagnosed with asthma and/ or for whom a reliever inhaler has been prescribed when their own inhaler isn't available. The emergency salbutamol inhaler must be retained by the school. It cannot be given to the child or young person to take home. Where schools have purchased an emergency inhaler, they will follow the protocols on P43-50 of the current national guidance document:

<http://www.gov.scot/Resource/0052/00529511.pdf>

6. Medical Emergency

- The Head Teacher/Senior Manager will ensure that staff know how to call the Emergency Services.
- All staff should know who the school/setting first-aider is.
- A pupil who is taken to hospital by ambulance should be accompanied by a member of staff who will remain until the pupil's parent/carer arrives at the hospital. If a pupil is taken to hospital, it is essential that the school/setting makes every effort to inform parents and carers immediately, failing which the emergency contact person will be informed. When a pupil is taken to hospital by a member of staff they should also take with them all medication held by the school/setting in relation to the child with the children and young people record card showing what medication has been taken, when it was taken and the dosage.

7. Non-prescribed Medicines

During the course of the school/setting day, children and young people may on occasion ask for pain relief such as paracetamol. Schools should not purchase and keep stocks of medicine for communal use just in case a child displays symptoms of a minor ailment or allergy. For schools, parents and carers should supply the medication to be used. Parents and carers should provide written consent for their child to be given medicine for a minor ailment or allergy. Staff should obtain time-limited consent for its use and administer the medicine as directed. Appropriate and accurate records should be maintained as they would with the administration of any

other medicine. The school/setting should ensure that the appropriate record has been completed (Appendix 1) and this information should be shared with parents and carers to ensure that a dose is not repeated within the safe timescale, therefore avoiding the risk of an overdose. In this context, the exception is Papdale Halls of Residence, where a small stock of paracetamol is held for use on an as needs basis.

A child under 16 should never be given aspirin, unless specifically prescribed by a doctor. No pupil under 16 should be given medication without their parent/carers written consent.

8. Excursions Policy

Plans for school trips and other outdoor learning should take the healthcare needs of all children and young people into account from the outset. As part of this, school staff may wish to work with children and young people with healthcare needs and their parents and carers, who will have experience of taking their children on trips and outings. Head Teachers/Senior Managers should ensure risk assessments are carried out in advance and take into account the healthcare support needs of all children and young people who are attending and how they would benefit from participating. The assessment should consider the real risks involved and identify proportionate actions and reasonable adjustments that ensure the participation of children and young people wherever possible. Overnight stays may require additional healthcare arrangements to be put in place.

These procedures described in this policy guidance should be followed on all out of school/setting trips and activities with further reference from P40-41 of the guidance:

<http://www.gov.scot/Resource/0052/00529511.pdf>

9. Personal Care

Intimate care encompasses areas of personal care, which most people usually carry out for themselves, but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures. Support to meet a child or young person's intimate care needs should be covered as part of the individual healthcare plan. Appropriate training should be put in place for staff who provide intimate care. Staff should protect the rights and dignity of the child or young person as far as possible, even in emergencies. **Appendix 4** provides the guidance for management of intimate care.

10. Other specific condition information

P49-59 of the national guidance has information related to specific conditions. Schools and settings where children and young people have specific conditions, should read and follow the advice contained within the guidance.

<http://www.gov.scot/Resource/0052/00529511.pdf>

11. Papdale Halls of Residence and Early Learning and Childcare settings

Staff at Papdale Halls of Residence and within our early Learning and Childcare settings have to ensure that they meet the Health and Social Care standards. Please see link below. These guidelines meet the expectations of the standards as of July 2019.

http://www.newcarestandards.scot/?page_id=453

Appendix 1. example of an Administration of Medication Record Card (front page)

Pupil Name	Date of Birth	Telephone Number		G.P.	G.P. Telephone Number
		Home: Emergency:			
Name of Medicine as stated on dispensing label	Appearance or form e.g. tablet or liquid	Dose Instructions e.g. 2 tablets, every 4 hours	Strength of Medicine e.g. 500mg	Reason for Administration e.g. Diabetes or Headache	
Required Time and frequency of Administration	Method of Administration e.g. swallowed with water	Other treatment which may involve school/setting staff or affect the child's performance during the school/setting day		Side effects which may have a bearing on the child's behaviour or performance at school/setting	
Quantity of Medicine received e.g. 16 Tablets	Staff members responsible for Administering medication		Agreed Period of Administration e.g. 7 days	Additional Instructions	
	1. 2.				

Details agreed:

(Parent / carer)

(Head Teacher/Senior Manager)

Administration Record (back page)

Original Record to be kept at the school/setting, a copy should be sent home to parents each day.

Name		Date of Birth	Address		Name of Medicine Administered	Dose and Strength	
Date	Time	Quantity of medicine Administered	Quantity of medicine Remaining	Reason medication not given as prescribed e.g. Symptoms Ceased	Administered by	Signature	

Appendix 2. Healthcare Plan Template

Healthcare Plan		
To be drawn up in agreement between parents and carers and designated senior members of staff or Head Teacher/Senior Manager.		
Date of Plan:	<i>Please tick if this is the initial plan</i>	
Name of Pupil:	Address:	
Date of Birth:		
Home Telephone:		
Emergency Contact details:		
Doctor:	Address:	
Doctor contact number:		
Brief general description of healthcare needs or condition:		
Details of medical needs specific to named child or young person:		

Details of medication if needed

Name of medication:
Volume or amount of medication at school/setting:
Expiry date of medication:
Dosage:
Method of administration:
Time and frequency of administration:

Side effects which may have a bearing on the child's behaviour or performance at school/setting:

Appointed person and/or HT/SMT checks pharmacist medication or dispensing label, instructions for administration: (appointed person and or Head Teacher/Senior Manager signature)

Are there are implications for emergency use of medication:

Staff member responsible for administering / supporting administration of medicine:

Location of medicine:

Arrangements for children and young people to access their medication:

If there are any difficulties or barriers in the administration of the medication:

Please note that we will not compel a pupil to take medication. If this happens the date and time will be noted and the school/setting will contact parents and carers immediately unless this is a medical emergency where the procedures for a medical emergency will be followed.

Please give any other information that we should know concerning any aspect of your child's care or medical needs. It is important that you inform us of any changes to your child's medical or care needs immediately.

Details of any additional or separate care needs:

Any other useful information:

Detail arrangements for sharing information. What information is going to be shared and with whom?

For school/setting use:

Staff training implications:

Ensure any risk assessment undertaken is attached:

Details agreed by

Parent/carer

Head Teacher/Senior Manager

Date of next review (to be undertaken at least every 6 months where there is no medication involved and every 3 months where medication is part of the plan.)

Any member of staff giving medicines to a pupil should observe the procedures as set out in section 4.

Appendix 3. Temperature Recording Chart

Refrigeration Location	
Month/Year	

Fridge must be kept below 8°C. Cabinet temperature must not exceed 30°C

If temperatures are out with this range, report immediately to the Head Teacher/Senior Manager

Date	Day	Time	Fridge Temp	Meds Cabinet Temp	Sign

Appendix 4. Example of Personal Care Guidelines

Purpose of Guidelines

- Safeguard the rights of children, protect staff
- Ensure children are consulted and treated with sensitivity and respect
- Enable children to develop independence skills as far as they are able
- To support adults required to operate in sensitive situations
- To raise awareness and provide clear guidance for personal care
- To inform parents/carers and ensure they are consulted about the care of their children

If a child or young person needs regular support with intimate care, a healthcare plan should be drawn up with the parents and carers and where possible the child or young person.

Adults who work with children and young people are responsible for their own actions and behaviour and should avoid any conduct that would lead any reasonable person to question their motivation and intentions.

Adults should work and be seen to work in a respectful, open and transparent way.

The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.

Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document.

Principles

It is the responsibility of all adults to safeguard and promote the welfare of children and young people. Personal care can provide opportunities to support children and young people to develop a positive image of their own body, develop their self-help skills and enhance their self-esteem. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual. As far as possible, the child or young person should be allowed to exercise choice.

Staff must always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.

Adults should ensure that where a child or young person attends different settings, e.g. other schools, Lifestyles that there is consistency in dealing with personal care.

The child's right to privacy, dignity and modesty is respected and protected at all times. The number of adults engaged in the care required should be reflected in individual healthcare plans.

If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc., they will immediately report their concerns to the Child Protection Co-ordinator.

Personal care may include:

- Supporting a child with dressing/undressing
- Supporting a child or young person with long-term intimate care needs
- Supporting a child who has soiled him/herself or has vomited/been unwell

Supporting dressing/undressing

Sometimes it will be necessary for staff to help a child to get dressed or undressed, particularly with younger children. Staff should always encourage children to attempt undressing and dressing with as much independence as possible and where needed should scaffold the process for children and look for ways to support the learning of new skills.

Soiling/Changing

If a child needs regular support with soiling/changing, it should be reflected in the healthcare plan.

If a child needs to be cleaned/changed occasionally, staff will make sure that:

- Infection Control Guidelines are followed.
- The child is encouraged to care for him/herself as far as possible and be involved in the cleaning process as appropriate for their developmental stage
- Physical contact is kept to the minimum appropriate to support the child
- Privacy is given appropriate to the child's age and the situation. Children should use a toilet cubicle or accessible toilets for changing privately.
- Any soiled clothing is put in a double-sealed plastic bag, unwashed, and sent home with the child

Hygiene/Infection Control

All staff must be familiar with and understand the Infection Control Guidelines and must follow hygiene procedures. Infection control procedures should be available in appropriate areas (e.g. on the wall) as a reminder.

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf

Students

It is not appropriate for volunteers or work experience students to carry out personal/intimate care routines.

Child-Initiated Physical Contact

Where a child seeks or initiates physical contact with an adult or another child, the situation should be handled sensitively.

If any adult feels that at any time, they have been in a situation that has felt uncomfortable or may have crossed professional boundaries, they need to ensure that they tell their line manager at the earliest opportunity.