THPT SCHOOLS

2. Medical Needs (including Allergy Management and Anaphylaxis), First Aid and Intimate Care Policy
AY 26/27

Appendices;

Intimate care arrangements, managing medicines guidance
Individual Health Care plans & Medical conditions guidance

Date of review: July 2026	Responsible body: The Howard Partnership Trust
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Aims/Purpose:

The Howard Partnership Trust is committed to safeguarding and promoting the welfare of children and ensuring that appropriate arrangements are in place to support medical needs, provide effective first aid and deliver intimate care safely, respectfully and consistently.

The Trust recognises that children may require support for short-term illnesses, long-term medical conditions, disabilities, complex health needs or personal care requirements. The Trust is also committed to providing appropriate first aid arrangements for children, staff, visitors, volunteers, contractors and others who may be affected by Trust activities.

The aims of this policy are to:

- ensure that children with medical needs are properly supported to access education and participate fully in school life;
- ensure that appropriate arrangements are in place for the safe storage, administration and management of medication;
- provide effective first aid arrangements across all Trust schools and activities;

- ensure that intimate care is delivered in a manner that safeguards children and promotes dignity, privacy and independence;
- support the health, safety and wellbeing of all members of the Trust community;
- ensure that medical, welfare and safeguarding concerns are identified, recorded, shared and responded to appropriately;
- promote effective information sharing, professional curiosity and multi-agency working in order to safeguard and promote the welfare of children; and
- provide a clear framework of responsibilities for staff, parents/carers and Trust leaders.

This policy establishes the Trust-wide framework for medical needs, first aid and intimate care. School-specific operational arrangements are set out within each school's Local Safeguarding, Welfare and Medical Arrangements document.

The Howard Partnership Trust respects the unique contribution which every individual can make to the community and seeks to place this contribution within a clear structure which both embraces the highest possible academic aspirations and accepts individual differences in medical conditions. In our Trust, every teacher is a teacher of every child, including those with medical conditions with a focus on bringing out the best in all. We are proud of our inclusive environment which ensures that all children, no matter their additional needs, are included in all activities, including educational visits.

Safeguarding and promoting the welfare of children and young people is everyone's responsibility. THPT Schools are committed to safeguarding and promoting the welfare of children and young people and we expect all Trustees, staff and volunteers to share this commitment.

This policy is part of the following THPT suite of annually updated safeguarding policies;

1. Safeguarding & Child Protection
2. Medical Needs (including Allergy Management and Anaphylaxis), First Aid and Intimate Care Policy
3. Whistleblowing
4. Staff Code of Conduct
5. Mental Health and Wellbeing
6. Online Safety
7. Children with Health Needs who Cannot Attend School
8. Risk to Life Protocols and Guidance
9. Children in the Care of others policy

Amendments and additions from last year to the 26/27 policy are highlighted in blue.

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Policy Introduction

This policy is based on the Children's Wellbeing and Schools Act 2026, Allergy Safety in Schools (DfE, 2026) - Benedict's Law statutory guidance, Children and Families Act 2014, the Education Act 2002, Children Act 1989, Children Act 2004, Equality Act 2010, the SEND Code of Practice 2014 Supporting Children at School with Medical Conditions (DfE, 2015), Allergy Safety in Schools (DfE, 2026), Keeping Children Safe in Education (current version) and Working Together to Safeguard Children (current version). It should also be read in conjunction with the THPT SEND Policy.

This document should also be read alongside the current versions of *Keeping Children Safe in Education* and *Working Together to Safeguard Children*.

Children with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and access learning. Some children may require monitoring and intervention in emergency circumstances. Medical needs may change over time and may result in extended absences from school. Some children with medical conditions may also be disabled and the Trust will fulfil its duties under the Equality Act 2010.

Medical needs, first aid incidents and intimate care arrangements may present safeguarding concerns. All staff must remain professionally curious and alert to indicators of abuse, neglect, exploitation, unmet medical need or other welfare concerns.

Any injury, disclosure, pattern of attendance at first aid, unmet medical need or concern arising during the provision of medical support or intimate care must be considered in the context of the child's wider welfare and reported in accordance with the Trust's safeguarding procedures.
The Trust is committed to effective information sharing, early intervention and multi-agency working to safeguard and promote the welfare of children.

Principles and Values

The Trust is committed to ensuring that children with medical needs receive appropriate support to enable them to access education safely, achieve their full potential and participate fully in school life.

Medical needs may include:

- Short-term illnesses, injuries or recovery from treatment;
- Long-term medical conditions requiring ongoing support;
- Disabilities impacting health, care or access to education;
- Complex health needs requiring multi-agency support;
- Mental health needs affecting wellbeing, attendance, safety or engagement in education.

The Trust recognises that every child is different and that support should be tailored to individual need. Arrangements will be proportionate, responsive and designed to promote safety, wellbeing, dignity, independence and inclusion.

Inclusion, Equality and Accessibility

Children with medical needs should be supported to participate fully in education and school life wherever reasonably possible.

The Trust will take all reasonable steps to ensure that children with medical needs are not disadvantaged, excluded or denied access to educational opportunities, school activities, educational visits or wider school experiences because of their medical needs.

Reasonable adjustments and appropriate support will be considered in accordance with the child's individual needs, relevant legislation and professional advice.

The Trust is committed to ensuring that children with medical conditions are not disadvantaged. Reasonable adjustments will be made to ensure full access to the curriculum, school facilities and enrichment opportunities, including consideration of physical access, examination arrangements and flexible timetables where appropriate.

Roles and Responsibilities

Supporting children with medical needs and ensuring effective first aid provision is a shared responsibility. The school will work in partnership with children, parents/carers, healthcare professionals, social care professionals (where appropriate), the local authority and other relevant agencies to ensure that children receive appropriate support.

- **Member of SLT Responsible for Health, Medical Needs and First Aid** is responsible for overseeing the implementation of this policy within the school. They will ensure that appropriate arrangements are in place to support children with medical needs, first aid provision and intimate care requirements. They will oversee the development, implementation and review of Individual Healthcare Plans (IHCPs), ensure that appropriate information is shared with relevant staff, monitor compliance with this policy, and ensure that local procedures relating to medication, first aid, medical emergencies and intimate care are robust and effective. They will also ensure that appropriate training, support and resources are available to enable staff to fulfil their responsibilities safely and competently.

- **Designated Administrative Lead for Health, Medical Needs and First Aid** will coordinate the day-to-day management of medical information, Individual Healthcare Plans (IHCPs), medication records and related documentation. They will oversee the effective use of Medical Tracker, ensuring that healthcare plans, medication records, first aid records and medical information are accurate, up to date and reviewed in accordance with Trust procedures. They will support the development and review of Individual Healthcare Plans, monitor medication held on site, maintain accurate records, and ensure that systems for recording, storing and sharing information are effective, compliant and accessible to relevant staff.
- **The Principal** is responsible for ensuring that this policy is implemented effectively within the school. The Principal will ensure that staff are aware of this policy and understand their responsibilities in relation to medical needs, first aid and intimate care. They will ensure that appropriate arrangements are in place to support children with medical needs, respond to medical emergencies and provide first aid to children, staff, visitors and others on site. The Principal will ensure that sufficient numbers of appropriately trained staff are available to meet the needs of the school, including contingency and emergency situations, and that appropriate insurance arrangements are in place. They will also ensure that school-specific procedures are reflected within the Local Safeguarding, Welfare and Medical Arrangements document.
- **School staff** have a responsibility to familiarise themselves with relevant medical information relating to the children in their care and to act in accordance with this policy and associated procedures. Staff should be aware of children with identified medical needs and those who may require an emergency response. They should contribute to Individual Healthcare Plans where appropriate and may, following appropriate training and agreement, provide support to children with medical needs, including the administration of medication. All staff should know how to respond to illness, injury and medical emergencies and should seek assistance promptly where required. Staff must also remain alert to safeguarding concerns that may arise in relation to a child's health, welfare, presentation or medical needs and report concerns in line with safeguarding procedures.
- **Trained First Aiders** are responsible for providing first aid within the scope of their training and competence, responding to illness, injury and medical emergencies, maintaining appropriate records and escalating concerns where necessary. First Aiders should work closely with school leaders and other staff to ensure that appropriate support is provided and that emergency services are contacted where required.
- **School Nurses and other healthcare professionals (where applicable)** play an important role in supporting children with medical needs. They may notify the school of a child's medical condition, contribute to the development and review of Individual Healthcare Plans, provide specialist advice and guidance, and support the training of school staff where appropriate.
- **Children/Young people** should be supported and encouraged to participate, as far as is appropriate to their age and understanding, in decisions relating to their health, medical needs and care arrangements. Where appropriate, children should contribute to the development and review of their Individual Healthcare Plan and should be supported to develop increasing independence in managing their own health needs.
- **Parents and carers** are responsible for providing the school with accurate, up-to-date information regarding their child's medical needs and for notifying the school of any changes which may affect the support required. Parents and carers will be involved in the development and review of Individual Healthcare Plans and are responsible for providing any medication, equipment or information required to support their child's needs. They should ensure that

emergency contact details remain current and that appropriate arrangements are in place for communication with the school.

- **The Local Authority** has responsibilities in relation to supporting children with medical needs and ensuring that statutory duties are fulfilled. The Local Authority should provide advice, guidance and support to schools where required and work collaboratively with schools, health services and families to support children with medical needs. Where a child is unable to attend school because of their health needs, the Local Authority is responsible for making suitable educational provision in accordance with its statutory duties.

Staff Training, Competency, Supervision and Support

Staff Training and Competency

The Trust will ensure that staff receive appropriate information, instruction, training and support to enable them to fulfil their responsibilities under this policy safely, effectively and confidently.

School staff should be aware of the medical needs of the children they teach and support. **All staff should be aware of children across the school who have identified medical needs, particularly those who have a high-risk medical condition which may require an emergency response.**

Any member of staff providing support to a child with medical needs should receive appropriate training relevant to their role and responsibilities. Training needs will be identified in consultation with parents/carers, relevant healthcare professionals and school leaders and should be sufficient to ensure that staff are competent and confident in supporting children with medical needs and fulfilling the requirements of Individual Healthcare Plans (IHCPs).

Training will be proportionate to the role and responsibilities of staff and may include:

- first aid and paediatric first aid;
- administration of medication;
- management of specific medical conditions;
- use of emergency medication and medical equipment;
- intimate care;
- safeguarding and welfare;
- mental health awareness; and
- emergency response procedures.

Where children have specific medical needs requiring specialist support, appropriate condition-specific training will be provided to ensure that staff have the necessary knowledge, skills and confidence to support the child safely and effectively.

The Trust will ensure that all staff receive appropriate awareness training so that they understand this policy, their responsibilities in relation to medical needs, first aid and intimate care, and the procedures to follow in the event of an emergency.

Training needs will be reviewed regularly and at least annually. Training requirements may also be identified through induction, supervision, appraisal processes, changes in legislation or guidance, the needs of individual children, incident reviews or emerging risks.

Training records, refresher requirements and school-specific training arrangements will be maintained within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Emergency Medication Training

Specific specialised training is required for staff prepared to act in emergency situations. Staff who agree to administer emergency medication must receive training from an appropriate healthcare professional and this should be updated annually.

Emergency medication may include:

- Asthma reliever inhalers;
- Adrenaline auto-injectors (e.g. EpiPens);
- Defibrillators;
- Emergency epilepsy medication;
- Emergency diabetes treatment.

Schools will maintain access to an Automated External Defibrillator (AED). Staff will be informed of the location of AEDs and emergency procedures for accessing them.

In any situation where emergency medication is administered, staff must follow the child's Individual Healthcare Plan (where applicable) and summon emergency medical assistance by calling **999** without delay where required by the plan, training received, or where there is any concern about the child's condition or response to treatment.

The administration of an adrenaline auto-injector (AAI) for suspected anaphylaxis must always be treated as a medical emergency, and **999** must be called immediately, even if the child appears to recover following treatment.

Staff Supervision and Support

The Trust recognises that supporting children with complex medical needs, serious health conditions, emergency care requirements or intimate care needs can be emotionally demanding.

Staff involved in providing such support will have access to appropriate supervision, guidance, debriefing and emotional support where required. Line managers are responsible for ensuring that staff feel confident, supported and able to raise concerns, seek advice or request additional training where necessary.

The Trust is committed to promoting staff wellbeing and maintaining a culture in which staff feel able to discuss concerns openly and access support when required.

Training Resources

Schools may utilise a range of training resources, professional guidance and specialist support to ensure staff remain competent and confident in fulfilling their responsibilities.

Examples of training resources may include:

- Defibrillator (AED) Awareness Training: https://www.youtube.com/watch?v=1v_tM6eUGaU&feature=emb_logo
- EpiPen Training and Guidance: How To Use: Administering Your EpiPen® | EpiPen®

Training and guidance provided by healthcare professionals, school nursing services and specialist medical teams.

- National guidance and training materials published by the Department for Education, NHS and other recognised professional bodies.

These resources are provided as examples only. Schools should ensure that training is appropriate to the needs of their children, staff and local arrangements and should seek specialist advice where required.

School-specific training programmes, competency requirements and local training arrangements are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Supporting Children with Medical Needs

The Trust is committed to ensuring that children with medical needs receive appropriate support to enable them to access education safely, achieve their full potential and participate fully in school life.

Medical needs may arise from a wide range of circumstances and can include:

- short-term medical needs, such as illnesses, injuries or recovery from medical treatment;
- long-term medical conditions requiring ongoing management or support;
- disabilities which impact on a child's health, care or access to education;
- complex health needs requiring coordinated support from education, health and other agencies; and
- mental health needs where these impact on a child's wellbeing, attendance, safety or ability to engage in education.

The Trust recognises that every child is different and that support should be tailored to the individual needs of the child. Arrangements will be proportionate, responsive and designed to promote safety, wellbeing, dignity, independence and inclusion.

Child's Role in Managing Their Own Medical Needs (Secondary Phase)

Where possible, children should be able to carry their own medicines and relevant devices or be able to access them quickly and easily.

Where secondary-aged children carry their own medication, such as EpiPens, the school must also hold spare medication in an accessible location. Schools should consider the speed of access to spare medication should a pupil not be carrying their prescribed medication.

Digital Health Tools and Medical Devices

The Trust recognises that some children may use digital health technologies, medical devices or mobile applications as part of the management of a diagnosed medical condition.

Examples may include:

- Continuous Glucose Monitoring (CGM) systems;
- insulin pumps and associated applications;
- epilepsy monitoring devices;
- digital asthma monitoring systems;
- medically prescribed alert, monitoring or communication applications.

Where a digital health tool forms part of a pupil's prescribed treatment or medical management plan, reasonable adjustments may be made to enable the pupil to access and use the device safely and effectively during the school day.

The use of a mobile phone or other electronic device for medical purposes must be clearly identified within the pupil's Individual Healthcare Plan (IHCP). The plan should specify:

- the purpose of the device or application;
- when and how it may be used;
- any supervision requirements;
- arrangements for examinations, educational visits and extracurricular activities;
- arrangements for responding to alerts, alarms or medical notifications;
- the responsibilities of the pupil, parents/carers and school staff.

Parents/carers must notify the school where a pupil requires a digital health tool or mobile application as part of their medical management. A named member of the leadership team will oversee implementation of the agreed arrangements and ensure that relevant staff are informed.

The authorised use of a mobile phone or electronic device for medical purposes will not be treated as a breach of the school's behaviour or mobile phone policy where use is consistent with the pupil's Individual Healthcare Plan.

Emergency Procedures

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what action should be taken.

If a child requires hospital treatment, staff will remain with the child until a parent arrives or accompany the child in the ambulance where appropriate.

Safeguarding and Welfare

The Trust recognises that medical needs, first aid incidents, allergies, medication administration and intimate care arrangements may present safeguarding concerns and must always be considered within the wider context of a child's welfare.
All staff have a responsibility to remain professionally curious and alert to indicators of abuse, neglect, exploitation, unmet medical need, fabricated or induced illness, emotional wellbeing concerns, self-harm, mental health difficulties or barriers to accessing appropriate healthcare.

Any injury, disclosure, pattern of attendance at first aid, repeated presentation of medical symptoms, unexplained marks or bruising, concerns regarding medication, unmet medical need, deterioration in

health, or concerns arising during the provision of medical support or intimate care must be reported and managed in accordance with the Trust's Safeguarding and Child Protection Policy.

Staff providing medical support, first aid or intimate care should remain vigilant to:

- Changes in a child's presentation, behaviour or emotional wellbeing;
- Frequent unexplained injuries or accidents;
- Repeated requests for first aid that may indicate unmet need;
- Concerns regarding parental engagement with medical advice or treatment;
- Indicators of neglect, including failure to seek or follow medical treatment;
- Concerns regarding fabricated or induced illness;
- Patterns of absence linked to medical concerns;
- Any disclosure made by a child whilst receiving care or support.
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The Trust is committed to effective information sharing, early intervention and multi-agency working to safeguard and promote the welfare of children. Where concerns are identified, staff must follow Trust safeguarding procedures and seek advice from the Designated Safeguarding Lead (DSL) without delay. Medical support should never be viewed in isolation but as part of the Trust's wider safeguarding responsibilities and commitment to promoting the welfare, health and safety of every child.

Individual Healthcare Plans (IHCPs)

Where a child has a medical need requiring ongoing support, monitoring, intervention, medication, emergency treatment or adjustments within school, an Individual Healthcare Plan (IHCP) will normally be developed to ensure that appropriate arrangements are in place to support the child's health, safety, wellbeing and access to education.

The need for an IHCP will be determined on a case-by-case basis, taking into account:

- The nature, severity and complexity of the child's medical condition;
- The level of support, supervision or intervention required;
- The potential risks presented by the condition;
- The impact on the child's attendance, participation and learning;
- Advice from healthcare professionals and other relevant agencies;
- The likelihood of requiring emergency intervention or medication.

IHCPs will be developed collaboratively with parents/carers, the child or young person (where appropriate), school staff and relevant healthcare professionals. The Trust uses Medical Tracker as its electronic system for recording and managing Individual Healthcare Plans and medical information. All children requiring an IHCP must have an up-to-date plan recorded on Medical Tracker. The development and review of an IHCP provides an important opportunity to identify, assess and manage risks associated with a child's medical condition and to ensure that all parties have a shared understanding of the support required. The development and review of an IHCP provides an important opportunity to identify, assess and manage risks associated with a child's medical condition and to ensure that all parties have a shared understanding of the support required.

Particular consideration should be given to children with severe allergies or those at risk of anaphylaxis. IHCPs for these children must clearly identify known allergens, risk reduction measures, signs and symptoms of an allergic reaction, emergency procedures, the location of medication, arrangements for

educational visits and extracurricular activities, and the responsibilities of staff in responding to an emergency.

IHCPs should clearly set out:

- The child's medical condition and how it affects them;
- Current treatment, medication and healthcare arrangements;
- Known triggers, allergens or factors that may increase risk;
- The support, adjustments and interventions required within school;
- Daily management arrangements;
- Emergency procedures and escalation processes;
- Medication requirements, including storage and administration arrangements;
- Roles and responsibilities of staff, parents/carers, healthcare professionals and the child where appropriate;
- Arrangements to support attendance, participation and inclusion in all aspects of school life;
- Any training requirements for staff;
- Risk assessments or control measures required to maintain the child's safety and wellbeing.

IHCPs must be reviewed at least annually and sooner where there is any significant change in the child's condition, diagnosis, treatment, medication, support needs or personal circumstances.

Reviews should also be undertaken where:

- A medical incident or emergency has occurred;
- New risks have been identified;
- The child has been admitted to hospital;
- Medication has changed;
- A new diagnosis has been received;
- The child is undergoing investigation, assessment or consultation with healthcare professionals;
- There are concerns that existing arrangements are no longer effective or appropriate.

The school will work proactively with parents/carers and healthcare professionals to ensure that healthcare plans remain accurate, current and reflective of the child's needs. Where information is awaited from medical professionals, interim arrangements and risk assessments will be implemented to ensure that the child can attend school safely whilst advice is being sought.

All staff working with the child must be made aware of relevant aspects of the IHCP and any updates required to ensure the safe and effective implementation of the plan.

Information Sharing, Record Keeping and Confidentiality

The Trust is committed to effective information sharing to support children safely and effectively.
The designated administrative lead will maintain accurate medical records, healthcare plans, medication records and related documentation.
Medical Tracker will be used to maintain medical records, Individual Healthcare Plans, medication administration records, first aid records and other relevant health information. Records must be kept up to date, reviewed regularly and shared with relevant staff on a need-to-know basis to support the safe care of children.

Appropriate information regarding a pupil's medical needs will be shared with relevant staff on a need-to-know basis to ensure children receive safe and effective support.

All records relating to medical needs, first aid, medication and intimate care will be maintained in accordance with Trust procedures, data protection requirements and confidentiality obligations.

All first aid incidents, treatment provided and actions taken will be recorded in accordance with Trust procedures and school-specific arrangements.

Medication

The Trust will maintain appropriate arrangements for the safe management of medication within its schools. Medication will only be accepted, stored, administered and recorded in accordance with Trust procedures and school-specific arrangements.

Appropriate consent will be obtained where required and records maintained to ensure accountability, accuracy and pupil safety.

The Trust recognises that some children may be able to manage aspects of their own medication and will support increasing independence where appropriate.

Detailed arrangements relating to the storage, administration, recording and disposal of medication are set out within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Allergies and Anaphylaxis

The Trust recognises that allergies and anaphylaxis can present serious and potentially life-threatening medical emergencies. The Trust is committed to providing a safe environment for children with allergies and ensuring that appropriate preventative and emergency arrangements are in place.

Anaphylaxis is a severe and potentially fatal allergic reaction that requires an immediate response.

Common allergens may include, but are not limited to:

- Nuts and peanuts;
- Milk and dairy products;
- Eggs;
- Fish and shellfish;
- Sesame;
- Insect stings;
- Latex;
- Certain medications.

Where a pupil has a diagnosed allergy or is identified as being at risk of anaphylaxis, appropriate arrangements will be put in place to support them safely in school.

For children with severe allergies or at risk of anaphylaxis, Medical Tracker must contain current healthcare plans, allergy information, prescribed medication details, emergency procedures and confirmation that relevant staff have been informed of the arrangements in place.

These arrangements may include:

- An Individual Healthcare Plan (IHCP);
- Clear identification of known allergens and triggers;
- Risk assessments where appropriate;
- Emergency procedures;
- Staff awareness of symptoms and emergency responses;
- Safe storage and accessibility of emergency medication;
- Appropriate arrangements for educational visits, sporting activities and off-site provision.

Individual Healthcare Plans for children at risk of anaphylaxis should clearly identify:

- Known allergens and avoidance strategies;
- Signs and symptoms of an allergic reaction;
- Signs and symptoms of anaphylaxis;
- Emergency contact details;
- Location of prescribed medication;
- Required emergency actions;
- Roles and responsibilities of staff.

Emergency medication, including adrenaline auto-injectors (AAIs) such as EpiPens, Jext or Emerade devices, will be stored and accessed in accordance with school procedures. Medication must be readily accessible and not locked away in a manner that could delay treatment.

Where appropriate, children may carry and self-administer their prescribed emergency medication in accordance with their Individual Healthcare Plan and school procedures. The school will also ensure that spare emergency medication is available where required and permitted.

Staff Training specifically for Allergies and Anaphylaxis

In accordance with Benedict's Law, all staff will receive allergy awareness training annually. This training will ensure that staff understand:

- The causes and risks associated with allergies;
- Common allergens;
- Strategies for reducing risk and avoiding exposure;
- Recognition of allergic reactions;
- Recognition of anaphylaxis;
- Emergency response procedures;
- Their responsibilities under this policy.

In addition to annual allergy awareness training, designated first aiders will undertake enhanced anaphylaxis training through the TES Develop training platform. This training will include the recognition of severe allergic reactions, administration of adrenaline auto-injectors, emergency procedures and post-incident management.

Training records will be maintained by the school and refresher training completed in line with Trust requirements and statutory guidance.

Responding to Anaphylaxis

If anaphylaxis is suspected:

1. Emergency medication should be administered immediately in accordance with the pupil's Individual Healthcare Plan and training received.
2. Emergency services (999) must be called without delay.
3. Parents/carers must be informed as soon as practicable.
4. The pupil must not be left unattended.
5. A second dose of adrenaline should be administered if required and in accordance with current medical guidance and training.
6. All incidents must be recorded and reviewed.

Following any significant allergic reaction or anaphylactic episode, the school will review the circumstances of the incident, update risk assessments and healthcare plans as necessary, and identify any lessons learned to further strengthen pupil safety.

Early Years Safer Eating

For Early Years provision, schools must comply with the Early Years Foundation Stage (EYFS) requirements relating to safer eating. Whilst children are eating, there should always be a member of staff present in the room who holds a valid paediatric first aid certificate. Local arrangements should be detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

First Aid Arrangements

The Trust will ensure that suitable and sufficient first aid arrangements are in place to meet the needs of children, staff, visitors, volunteers, contractors and others engaged in Trust activities.

Each school will maintain an appropriate level of first aid provision based on the nature of its activities, the needs of its community and the findings of relevant risk assessments. Where provided, AEDs will be included within school emergency response arrangements and subject to routine checks and maintenance.

Appropriate numbers of suitably trained staff will be available to provide first aid and respond to medical emergencies. Schools will maintain adequate first aid equipment, facilities and resources to support effective first aid provision.

First Aid Needs Assessment

Each school will undertake and regularly review a First Aid Needs Assessment to determine the appropriate:

- number of trained first aiders;
- location of first aid equipment;
- provision for educational visits and off-site activities;
- arrangements for higher-risk activities;
- emergency response arrangements.

Findings will be reflected within the school's Local Safeguarding, Welfare and Medical Arrangements document.

First Aid for Employees, Volunteers and Visitors

The Trust will ensure that suitable and sufficient arrangements are in place to provide first aid to employees, volunteers, visitors, contractors and other persons on site in accordance with the Health and Safety (First-Aid) Regulations 1981.

First aid provision will be determined through school-specific first aid needs assessments and will take account of:

- the size and layout of the premises;
- the nature of activities undertaken;
- identified hazards and risks;
- the number and distribution of staff and children;
- out-of-hours activities and educational visits.

All accidents, injuries and illnesses affecting staff, volunteers, contractors or visitors requiring first aid treatment must be recorded in accordance with Trust health and safety procedures.

Where an injury, illness or dangerous occurrence meets the reporting threshold under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), the incident must be reported to the Health and Safety Executive (HSE) by the appropriate responsible person.

First Aid Presentations

First aid support may be required for a range of presentations including, but not limited to:

- Illness or feeling unwell;
- Minor bumps, knocks, cuts, grazes and scrapes;
- Injuries sustained during school activities;
- Head injuries;
- Headaches and other minor ailments;
- Allergic reactions;
- Anxiety, emotional distress or wellbeing concerns;
- Medical emergencies;
- Administration of medication.

All presentations requiring first aid assessment, treatment, monitoring or medication administration must be recorded in accordance with Trust procedures.

Recording and Reporting

The Trust uses Medical Tracker to record first aid incidents, medical presentations, injuries, medication administration and other relevant health information.

All first aid presentations, regardless of severity, including illness, injury, medication administration, head bumps, allergies, emotional wellbeing presentations and any treatment provided by a member of staff, must be recorded on Medical Tracker.

Records should include:

- The date and time of the incident or presentation;
- The nature of the illness, injury or concern;
- Treatment provided;
- Medication administered (where applicable);
- Actions taken;
- The name of the member of staff providing support;
- Any follow-up actions required;
- Whether parents/carers were informed.

Parents/carers will be informed of significant injuries, head injuries, medical concerns, medication administration (where appropriate) and any incident requiring ongoing monitoring or medical attention.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Trust will comply with its duties under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Certain work-related accidents, occupational diseases and dangerous occurrences affecting employees, children, visitors, contractors or others may require notification to the Health and Safety Executive (HSE).

Incidents that may require reporting include:

- deaths arising from work-related activities;
- specified serious injuries to employees;
- injuries resulting in an employee being unable to perform their normal duties for more than seven consecutive days;
- reportable occupational diseases;
- dangerous occurrences (near-miss events) specified under the Regulations;
- injuries to children, visitors or members of the public arising from school activities where they are taken directly from the scene to hospital for treatment.

All serious incidents must be reported immediately to the Principal and Trust Health and Safety Lead (or nominated responsible officer) who will determine whether a report to the HSE is required.

The reporting of an incident under RIDDOR does not replace the requirement to record the incident internally, complete safeguarding procedures where relevant, or undertake an investigation and review of lessons learned.

Medication Administration

All medication administered in school must be recorded on Medical Tracker.

Where medication is administered by a member of staff, the administration should be witnessed by a second member of staff wherever reasonably practicable and recorded accordingly.

Controlled medication must be stored securely within a locked cabinet or cupboard in accordance with Trust procedures and statutory guidance.

Emergency medication, including adrenaline auto-injectors (e.g. EpiPens), asthma inhalers and other emergency treatments, must be readily accessible at all times during the school day and must not be stored in a manner that could delay emergency treatment.

Non-Prescribed Medication

The administration of non-prescribed (over-the-counter) medication will only take place where this is permitted by school procedures and a completed Request for Administration of Medication Form has been submitted and approved in accordance with local arrangements.

Any non-prescribed medication provided by parents/carers or supplied by the school, such as paracetamol, antihistamines, travel sickness medication or other age-appropriate treatments, must:

- be administered in accordance with the manufacturer's instructions;
- be appropriate for the child's age and circumstances;
- be supported by a completed Request for Administration of Medication Form which clearly states the reason for administration;
- be recorded on Medical Tracker;
- be administered only for the purpose and duration specified within the request;
- be stored and handled in accordance with school procedures.

Non-prescribed medication should normally only be administered for short-term or occasional use. Where a pupil requires repeated administration of non-prescribed medication, presents regularly with the same symptoms, or requires medication over an extended period, parents/carers may be asked to seek advice from a healthcare professional and provide appropriate medical evidence before further medication is administered during school hours.

Schools reserve the right to refuse to administer non-prescribed medication where there are concerns regarding safety, dosage, frequency of use, potential interactions, unclear instructions, or where a completed Request for Administration of Medication Form has not been provided.

The administration of non-prescribed medication does not remove the responsibility of parents/carers to ensure that appropriate medical advice is sought where symptoms persist, worsen or become recurrent.

Secondary schools may operate a general consent process for the administration of non-prescription medication, subject to local procedures and parental consent requirements. Paracetamol will only be administered in accordance with the manufacturer's instructions, NHS guidance, parental consent arrangements and school procedures.

Treatment of Injuries

Following an accident or injury, the First Aider will assess the individual and determine what treatment can be provided within the scope of their training and competence.

The First Aider will make a balanced judgement regarding the need for further medical assessmentor emergency intervention.

Emergency services (999) should be called where:

- A significant injury or head injury is suspected;
- Bleeding cannot be controlled;
- The individual loses consciousness;
- A fracture, dislocation or serious injury is suspected;
- The individual is experiencing breathing difficulties;
- Anaphylaxis is suspected;
- A seizure requires emergency intervention;
- The First Aider is concerned about the individual's condition or is unsure of the severity of the injury or illness.

Head Injuries

A minor bump to the head is a common occurrence in schools, particularly amongst younger children.

Following assessment by a qualified First Aider, if a pupil is asymptomatic and there is no bruising, swelling, abrasion, visible mark, dizziness, headache, nausea, vomiting, confusion or other concerning symptom, the incident may be treated as a minor bump rather than a head injury.

However, all bumps to the head and head injuries must be recorded on Medical Tracker and parents/carers informed on the same day.

Any bump to the head, however minor, must be assessed by a trained First Aider, recorded on Medical Tracker and communicated to parents/carers on the same day.

Where a pupil sustains a head injury, consideration should be given to the mechanism of injury, symptoms presented and any deterioration in condition. Staff should not rely solely on the visible severity of the injury when determining whether further medical assessment is required.

Where a pupil presents with symptoms including loss of consciousness, vomiting, severe headache, confusion, unusual behaviour, dizziness, visual disturbance, seizure activity or any other indication of a more serious injury, immediate medical advice should be sought and emergency services contacted where appropriate.

Following a head injury, staff should remain vigilant for delayed symptoms and ensure that parents/carers are informed of any advice given and any monitoring requirements.

Emotional Wellbeing Presentations

The Trust recognises that some children may present at first aid with symptoms linked to anxiety, emotional distress, mental health concerns or emotional wellbeing needs. Where concerns are identified,

staff should provide appropriate support and reassurance and consider whether safeguarding, pastoral or mental health referrals are required in accordance with school procedures.

Any concerns regarding a pupil's welfare or wellbeing must be managed in line with the Trust's safeguarding procedures.

Safeguarding Considerations

The Trust recognises that first aid presentations may, on occasion, indicate wider welfare, safeguarding or unmet medical needs.

Repeated attendance at first aid, frequent presentations with unexplained injuries, ongoing medical concerns, emotional wellbeing presentations or patterns of attendance that give cause for concern should be reviewed by an appropriate member of staff and considered within the wider context of the pupil's welfare and safeguarding needs.

Staff should remain professionally curious and alert to patterns, trends or disclosures that may indicate abuse, neglect, exploitation, emotional distress, unmet health needs or barriers to accessing appropriate medical care.

Any safeguarding concerns identified through first aid provision must be reported in accordance with the Trust's Safeguarding and Child Protection Policy.

Intimate Care

The Trust is committed to ensuring that intimate care is provided in a manner that safeguards children and promotes dignity, privacy, respect, wellbeing and independence. All children who require intimate and/or personal care will be treated respectfully at all times, with the child's welfare and dignity remaining of paramount importance.

Intimate care may include support with toileting, washing, dressing, changing, menstrual care, continence management or other personal care needs arising from a child's age, stage of development, medical condition, disability or additional need.

All intimate care will be delivered sensitively and in a child-centred manner, taking account of the child's age, needs, wishes, preferred methods of communication and level of understanding. Wherever possible, children should be encouraged and supported to develop independence and self-care skills. Staff will support children to achieve the highest level of autonomy possible, given their age, development and abilities, and will encourage them to do as much for themselves as they can.

There should be careful communication with each child who requires support to ensure they understand, as far as possible, the care being provided and the reasons for it. Children should be involved in decisions about their care wherever appropriate.

The Trust recognises the importance of maintaining appropriate professional boundaries whilst ensuring that children receive the care and support they require. Intimate care arrangements should be

proportionate to the child's needs and carried out only by appropriately trained, authorised and supported members of staff.

Staff providing intimate care will receive appropriate training relevant to their role, which may include safeguarding, child protection, moving and handling, infection prevention and control, and condition-specific training where required. Staff who require additional support to fulfil intimate care responsibilities will be provided with appropriate guidance, supervision and training.

Where ongoing intimate care support is required, arrangements must be clearly documented and agreed with parents/carers. Where appropriate, intimate care arrangements may form part of an Individual Healthcare Plan (IHCP), intimate care plan or other support plan.

Individual intimate care plans should be developed where required to reflect the specific circumstances and needs of the child. These plans should include appropriate risk assessments addressing matters such as personal safety, moving and handling, infection control, privacy, dignity, supervision arrangements and safeguarding considerations.
Each child's right to privacy will be respected. Careful consideration will be given to the circumstances of each case when determining staffing arrangements. Wherever possible, intimate care should be provided by one member of staff unless there is a clear and documented reason why additional staff are required.

To maintain appropriate professional boundaries whilst promoting consistency and familiarity for the child, schools should, where practicable, operate a small rota of trained staff known to the child rather than relying on a single member of staff to provide intimate care on a regular basis.

Parents/carers will be involved in planning and reviewing intimate care arrangements. A clear record of agreed arrangements will be maintained and reviewed regularly to ensure they remain appropriate to the child's needs.

Staff providing intimate care should remain alert to any safeguarding, welfare or medical concerns and must report any concerns in accordance with the Trust's safeguarding procedures without delay.

Detailed arrangements relating to intimate care are set out within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Offsite Activities, Educational Visits and Sporting Activities

Children with medical conditions will be actively supported to participate in educational visits and sporting activities. All children will be able to participate in these activities according to their own abilities and with any reasonable adjustments unless evidence from a clinician, such as a GP, states that this is not possible. The school will carry out a risk assessment so that planning arrangements take into account any steps needed to ensure that children with medical conditions are included.

The named leader of the activity must ensure that all children have their medication, including all emergency medication necessary. The medication will be carried by a named member of staff. This also includes asthma inhalers and other relief medication. Any medical issues regarding children/young people with Individual Healthcare plans should be reported to the Trip Leader.

For residential visits parents and carers are required to complete a Medical record forms prior to the trip and completed by trip staff as medication is administered. This includes over the counter medication such as travel sickness.

All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded, and parents are informed and asked to countersign on the child's return.

Equality and Accessibility

THPT is committed to ensuring that children with medical conditions are not disadvantaged. Reasonable adjustments will be made to ensure full access to the curriculum, school facilities, and enrichment opportunities. This includes consideration of physical access, exam arrangements, and flexible timetables where appropriate.

Educational Visits and Off-Site Activities

The Trust is committed to ensuring that children with medical conditions are able to participate fully in educational visits, sporting activities, residential experiences and other off-site provision wherever reasonably possible. Children will not be excluded from participation solely because of a medical condition unless a robust risk assessment, supported by appropriate medical advice where necessary, identifies that participation would present an unacceptable risk that cannot reasonably be mitigated.

The planning of educational visits and off-site activities must take account of the medical needs of participating children. Visit Leaders, supported by the Educational Visits Coordinator (EVC), must ensure that appropriate arrangements are in place to support children safely and effectively throughout the activity.
Where a pupil has an Individual Healthcare Plan (IHCP), the Visit Leader must review the plan as part of the visit planning process and ensure that all relevant staff understand the pupil's needs, required adjustments, emergency procedures and any medication requirements.

Appropriate medication, healthcare plans, emergency medication and associated medical equipment must accompany the pupil throughout the visit and remain readily accessible at all times. Medication must never be left unattended, stored in luggage that cannot be accessed quickly, or held in a manner that could delay emergency treatment.

The Visit Leader and EVC must consider, through the visit risk assessment process:

- the medical needs of participating children;
- the availability and accessibility of medication and medical equipment;
- arrangements for emergency treatment and access to emergency services;
- staff training and competency requirements;
- the need for a suitably qualified First Aider to accompany the visit;
- supervision arrangements;
- travel, accommodation and environmental factors which may affect a pupil's medical condition;
- arrangements for residential visits and overnight stays;
- contingency and emergency procedures.

All educational visits must be equipped with an appropriately stocked first aid kit. The level of first aid provision should be proportionate to the nature of the activity, the location, identified risks and the medical needs of participants.

For higher-risk activities, residential visits, overseas visits, remote locations or visits involving children with significant medical needs, consideration must be given to the attendance of a suitably trained First Aider and any additional staff training required to meet identified needs.

Parents and carers must be provided with appropriate information regarding arrangements for supporting their child's medical needs during the visit and may be consulted where additional planning is required.
Any medical incident, injury, illness, administration of medication or use of emergency medication occurring during an educational visit or off-site activity must be recorded and reported in accordance with Trust procedures on return to school, and reviewed where necessary to identify any lessons learned.

Unacceptable Practice

It is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents or ignore medical evidence or opinion
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan
- If the child becomes ill, send them to child services unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition
- Prevent children 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 child, including with toileting issues
- Prevent or create unnecessary barriers to children participating, in any aspect of school life, including educational visits.

Liability and Indemnity

The Trust's insurance policy will provide liability cover relating to the administration of medication. Individual cover may need to be arranged by the school for individuals providing health care procedures.

Complaints

Should parents/carers or children be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should follow the school's complaints procedure.

Monitoring and Review

The Trust will monitor the implementation and effectiveness of this policy to ensure that it continues to meet the needs of children and reflects current legislation, statutory guidance and best practice.

Monitoring may include the review of medical incidents, first aid records, safeguarding concerns, training compliance, feedback from stakeholders and lessons learned from individual cases or significant events. Serious accidents, near misses, medical emergencies and significant first aid incidents will be reviewed to identify contributory factors, lessons learned and any actions required to strengthen arrangements, reduce risk and improve practice.

The Trust will take account of developments in safeguarding, health, education and welfare guidance when reviewing this policy and will make amendments where necessary to ensure continued compliance and effectiveness.

This policy will be reviewed annually, or sooner where required by changes in legislation, statutory guidance, local safeguarding arrangements or organisational need.

School-specific arrangements will be reviewed regularly through each school's Local Safeguarding, Welfare and Medical Arrangements document to ensure that operational procedures remain accurate, effective and responsive to local needs.

Appendix A

THPT Guidance for Intimate Care

This guidance sets out The Howard Partnership Trust's expectations and minimum standards for the provision of intimate care to children and young people.

The Trust is committed to safeguarding and promoting the welfare of all children. Meeting a child's intimate care needs is an important aspect of safeguarding and must always be undertaken in a manner that promotes dignity, privacy, respect, wellbeing and independence.

School-specific operational procedures relating to intimate care, staffing arrangements, facilities, record keeping and local processes are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

This guidance should be read alongside:

- THPT Medical Needs, First Aid and Intimate Care Policy;
- Individual Healthcare Plans (IHCPs), where applicable;
- Relevant safeguarding procedures; and the school's Local Safeguarding, Welfare and Medical Arrangements document.

The Trust recognises its responsibilities under the Equality Act 2010 and will ensure that children are not disadvantaged or discriminated against as a result of a disability, medical condition or additional need requiring intimate care support.

Staff providing intimate care undertake their duties in a position of trust and must always act professionally, maintaining appropriate professional boundaries whilst ensuring that children receive the care and support they require.

Definition of Intimate Care

Intimate care may be defined as care tasks of an intimate nature associated with bodily functions, bodily products and personal hygiene which involve direct or indirect contact with, or exposure of, intimate parts of the body.

Examples may include:

- Assisting with toileting;
- Supporting the use of a potty or toilet;
- Changing nappies or continence products;
- Cleaning, wiping or washing intimate areas of the body;
- Supporting menstrual care; and
- Assisting with dressing or undressing where intimate areas may be exposed.

Definition of Personal Care

Personal care generally involves supporting a child with activities relating to personal presentation and day-to-day care. Whilst personal care may involve physical contact, it is typically less intimate in nature.

Examples may include:

- Feeding;
- Administering oral medication;

- Hair care;
- Dressing and undressing;
- Washing non-intimate body parts;
- Prompting or supporting toileting routines;
- Oral care; and
- Facial shaving.

Principles of Intimate Care

Intimate care should never be viewed in isolation from a child's wider needs. Wherever possible, children should be encouraged and supported to develop independence and self-care skills appropriate to their age, development and abilities.

The Trust is committed to ensuring that every child is safe, treated with dignity and respect, valued as an individual and involved in decisions about their care wherever possible. Children should be supported to express their views and have those views considered. The welfare of the child always remains paramount.

Individual Intimate Care Plans

Any child who requires regular or ongoing intimate care support should have an Individual Intimate Care Plan, Individual Healthcare Plan or other appropriate support plan in place.

The plan should clearly identify the child's needs, the level of support required, agreed care routines, measures to promote independence, communication preferences, relevant safeguarding considerations and any moving and handling requirements. Arrangements for educational visits, off-site activities and residential experiences should also be considered where appropriate.

Plans should be developed in partnership with parents/carers, relevant professionals and, where appropriate, the child. They should be reviewed regularly and whenever there is a significant change in the child's needs, circumstances or care arrangements.

Promoting Independence

The Trust is committed to supporting children and young people to achieve the highest level of independence possible.

Staff should encourage children to participate actively in their own care and support them to develop age-appropriate self-care skills. This may include encouraging children to manage clothing, undertake personal hygiene tasks independently where appropriate and participate in agreed toileting routines.

The level of support provided should always be proportionate to the child's needs and reviewed regularly.

Communication and Consent

Children should be treated as active participants in their care wherever possible.

Staff should communicate clearly using the child's preferred method of communication and explain what support is being provided and why. Where appropriate, staff should seek the child's verbal or non-verbal agreement before providing intimate care.

The Trust supports the use of anatomically correct language when referring to body parts, in line with safeguarding and Relationships, Sex and Health Education guidance. Any agreed terminology should be documented within the child's care plan where appropriate.

Staff Responsibilities and Training

Staff providing intimate care must have received appropriate training and authorisation in accordance with Trust requirements and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Training may include safeguarding, child protection, infection prevention and control, moving and handling, continence support, communication needs and any condition-specific requirements relevant to individual children. Staff must be familiar with the child's care plan before undertaking intimate care responsibilities and should receive appropriate supervision, support and refresher training where required.

Privacy, Dignity and Safeguarding

Intimate care must always be provided in a manner that protects the child's dignity, privacy and emotional wellbeing. Children should be appropriately covered during care wherever possible, and staff should take reasonable steps to minimise embarrassment or distress.

Intimate care should normally take place in a suitable private area that protects the child's dignity, privacy and safety. Where possible, schools should seek to provide consistency by ensuring intimate care is delivered by a small number of trained staff known to the child.

Staff should ensure that another appropriate adult is aware when intimate care is being provided. All adults providing intimate care must have completed the appropriate safer recruitment and safeguarding checks required by the Trust.

Mobile phones, cameras and personal recording devices must not be used whilst providing intimate care.

Emotional Wellbeing and Intimate Care

Staff should be sensitive to the emotional wellbeing of the child when providing intimate care.

Where a child is distressed, anxious or emotionally dysregulated, consideration should be given to whether the child requires time, reassurance or support before care is provided.

Where intimate care is required following a behavioural incident or during a period of emotional distress, consideration should be given to whether an alternative trusted member of staff should provide support.

Toilet Training and Continence Support

The Trust recognises that children develop continence skills at different rates and that some children may require additional support due to age, development, disability, medical needs or special educational needs.

Schools should work in partnership with parents/carers when supporting toilet training and continence development. Children should only begin toilet training when they are developmentally ready and where there is a shared understanding between school and parents/carers regarding the approach being taken.

Care should always be delivered sensitively, respectfully and without causing embarrassment to the child. Children should never be made to feel ashamed about accidents, continence difficulties or the need for nappies, pull-ups or other continence products.

Appropriate arrangements for changing, storage and disposal of continence products should be detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Changing Arrangements

Wherever possible, children should be encouraged and supported to change in a manner that promotes dignity, independence and age-appropriate practice.

Any specialist equipment, changing arrangements or positioning requirements should be detailed within the child's care plan. Changing arrangements should always be informed by the child's individual needs, safety considerations and professional advice where appropriate.

Cultural and Religious Considerations

The Trust recognises the importance of respecting the cultural, religious and personal beliefs of children and their families.

Reasonable steps should be taken to accommodate preferences regarding intimate care arrangements wherever possible, provided this can be achieved safely and does not compromise the child's welfare.

Educational Visits and Off-Site Activities

Children who require intimate care should be supported to participate fully in educational visits, residential experiences and off-site activities wherever reasonably possible.

Visit planning should take account of the child's care needs and identify any additional arrangements, facilities, staffing requirements or risk assessments that may be required. Appropriate arrangements should be considered in advance and reflected within relevant risk assessments and support plans.

Operational arrangements relating to educational visits and intimate care are detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Record Keeping

Schools should maintain appropriate records relating to intimate care in accordance with Trust requirements and local procedures.

Records should be proportionate, secure and accessible to relevant staff and should support safeguarding oversight, communication with parents/carers where appropriate and the monitoring of individual care arrangements.

All records relating to intimate care should be maintained in accordance with the school's Local Safeguarding, Welfare and Medical Arrangements document. Where intimate care is provided regularly, schools should ensure that recording arrangements are sufficiently robust to support safeguarding oversight and continuity of care.

Responding to Concerns

If a child appears distressed, uncomfortable or reluctant during intimate care, staff should pause where safe to do so, seek to understand the cause and provide reassurance.

Any safeguarding concern, welfare concern, unexplained injury, disclosure or concern regarding professional practice must be reported immediately in accordance with the Trust's Safeguarding and Child Protection Policy.

Parents/carers should be informed of concerns where appropriate and in accordance with safeguarding procedures.

Review

Operational arrangements relating to intimate care, staffing arrangements, facilities, recording processes, continence support, educational visits and local procedures are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Schools must ensure that local arrangements reflect the requirements of this guidance and are reviewed regularly.

Appendix B

THPT Guidance for Managing Medicines

This appendix sets out The Howard Partnership Trust's expectations and minimum standards for the safe management of medicines across all schools.

School-specific operational procedures, including arrangements for receiving, storing, administering, recording and disposing of medicines, are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

This guidance should be read alongside:

- THPT Medical Needs, First Aid and Intimate Care Policy;
- Individual Healthcare Plans (IHCPs);
- Relevant statutory guidance; and
- The school's Local Safeguarding, Welfare and Medical Arrangements document.

Managing Medicines on School Premises

Medicines should only be administered in school when it would be detrimental to a child's health, wellbeing or attendance not to do so.

The Trust recognises that there may be occasions when medication is required during the school day in order for a child to access education safely and participate fully in school life. The administration of medicines will therefore be undertaken in accordance with this guidance, the child's Individual Healthcare Plan (where applicable), and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Written parental consent will normally be obtained before prescription or non-prescription medication is administered to a child under the age of 16. Arrangements relating to consent processes are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

In exceptional circumstances, where pain relief medication is administered, it must not contain aspirin unless prescribed by a doctor. Maximum dosages and the timing of previous doses must be checked. Parents/carers will be informed in accordance with school procedures.

All medication administration must be recorded on Medical Tracker.

Digital Health Tools

Where children use digital health tools as part of the management of a diagnosed medical condition, such as continuous glucose monitoring systems, insulin pumps, asthma monitoring applications or other prescribed devices, the school will work with parents/carers and healthcare professionals to ensure appropriate arrangements are in place.

Staff will receive training on how to interpret alerts or data from such devices and how to respond in accordance with the pupil's Individual Healthcare Plan.

Any agreed arrangements regarding the use of digital health tools within school will be recorded within the pupil's Individual Healthcare Plan and reflected, where necessary, within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Storing Medicines

The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which may be supplied in an insulin pen or pump.

Where a child has been prescribed a cream that is to be administered during the school day, ingredients should be checked as some creams may contain nut-based ingredients. Where concerns arise, parents/carers should be contacted and advised to seek guidance from their healthcare professional.

All medicines will be stored safely and securely in accordance with statutory guidance and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Medicines and devices such as asthma inhalers, blood glucose monitoring equipment and adrenaline auto-injectors must remain readily accessible at all times.

Controlled drugs will be stored, managed and recorded in accordance with legal requirements and school procedures.

When medicines are no longer required, they will be returned to parents/carers for safe disposal wherever possible. Disposal arrangements are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

General Consent

THPT schools may operate a general consent process for the administration of specified non-prescription medication, including paracetamol (Calpol in primary and specialist settings), in accordance with Trust policy and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Schools should make clear to parents/carers the circumstances in which non-prescribed medicines may be administered. Parents/carers must be informed whenever medication is administered and all administration must be recorded on Medical Tracker.

If there is no written consent in place, verbal consent should not be sought as an alternative.

Important Procedures

Each school's Local Safeguarding, Welfare and Medical Arrangements document should set out:

- Procedures for managing prescription medicines during the school day;
- Procedures for managing medicines on educational visits and off-site activities;
- Roles and responsibilities for staff managing and administering medicines;
- Parental responsibilities in relation to their child's medical needs;
- Consent arrangements;
- Circumstances in which non-prescription medicines may be administered;
- Staff training requirements;
- Record keeping arrangements using Medical Tracker; and
- Safe storage and disposal procedures.

Children with Special Medical Needs

Where a child has a medical condition requiring ongoing support, monitoring, medication or emergency intervention, an Individual Healthcare Plan (IHCP) will be developed in accordance with Trust policy.

The school will work in partnership with parents/carers, healthcare professionals and other relevant agencies to identify and meet the child's needs.

Relevant information will be shared with staff on a need-to-know basis in accordance with the child's Individual Healthcare Plan, data protection requirements and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Any resulting staff training needs will be identified and arranged as appropriate.

Application of Creams and Lotions

Non-prescribed creams and lotions may be applied at the discretion of the Principal in accordance with Trust policy and school procedures, but only with written parental consent.

Parents/carers are responsible for supplying creams and lotions required during the school day.

Wherever possible, children will be supported to apply creams independently.

Staff do not apply creams directly to children's skin.

For younger children or those requiring support, staff may use approaches that promote independence and maintain appropriate professional boundaries, in accordance with the school's Local Safeguarding, Welfare and Medical Arrangements document.

Sun cream should be applied by parents/carers before the school day wherever possible. Children may bring clearly labelled sun cream into school for self-application where appropriate.

Staff will not apply creams for conditions such as nappy rash or thrush.

Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

Simple Analgesics (Pain Relief)

Non-prescription analgesics such as paracetamol will only be administered in accordance with Trust procedures, parental consent arrangements and manufacturer guidance.

Schools must maintain clear records of all doses administered on Medical Tracker and ensure that dosage limits are not exceeded.

Ibuprofen-based medication will not normally be administered unless specifically authorised by a GP, consultant or other appropriate healthcare professional.

Refusing Medication

No child will be forced to take medication.

Where a child refuses medication, the refusal will be recorded on Medical Tracker and parents/carers informed as soon as reasonably practicable.

Where refusal places the child at immediate risk, staff must follow the emergency procedures detailed within the child's Individual Healthcare Plan and seek emergency medical assistance where required.

Storage and Disposal of Medication

All medication will be stored in accordance with statutory guidance and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Medication requiring refrigeration will be stored appropriately and securely.

Emergency medication will be stored securely but remain immediately accessible to authorised staff.

All staff working with a child who requires emergency medication should know where that medication is located and understand the procedures for accessing it.

Schools should undertake regular checks of medication held on site to ensure medicines remain in date, appropriately labelled and stored correctly.

Parents/carers are responsible for replacing medication before its expiry date.

Sharps boxes should be used for the disposal of needles and other sharps where required.

Educational Visits and Off-Site Activities

Visit leaders must ensure that prescribed and emergency medication accompanies the pupil throughout the activity and remains readily accessible.

Arrangements for supporting medical needs during educational visits and off-site activities must be informed by the pupil's Individual Healthcare Plan and the educational visit risk assessment.

Operational arrangements relating to educational visits are detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Record Keeping

All medication administration, refusals, errors, omissions and relevant communications with parents/carers must be recorded on Medical Tracker.

Accurate record keeping is essential to ensure pupil safety, effective communication and compliance with Trust procedures.

Review

Operational arrangements relating to medicines management, including local consent procedures, storage arrangements, emergency medication processes, educational visits, staff responsibilities and record-keeping procedures, are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Schools must ensure that local arrangements reflect the requirements of this guidance and are reviewed regularly.

Appendix C

Trust Guidance for Individual Healthcare Plans

Individual Healthcare Plans (IHPs) are an important tool in ensuring that children and young people with medical conditions receive appropriate support whilst attending school and are able to access education safely and effectively.

The purpose of an Individual Healthcare Plan is to provide clarity about a pupil's medical needs, the support required, who will provide that support, and the actions to be taken in an emergency. Individual Healthcare Plans support effective communication between schools, families, healthcare professionals and, where appropriate, the pupil.

This guidance should be read alongside:

- THPT Medical Needs, First Aid and Intimate Care Policy;
- Relevant safeguarding procedures;
- Education, Health and Care Plans (EHCPs), where applicable; and
- The school's Local Safeguarding, Welfare and Medical Arrangements document.

The Trust's Individual Healthcare Plan template is included within this appendix and should be used to support the consistent recording of information across schools.

When an Individual Healthcare Plan May Be Required

Not all children with medical conditions will require an Individual Healthcare Plan. The need for a plan should be considered on an individual basis, taking account of the nature of the medical condition, the level of support required and any associated risks.

An Individual Healthcare Plan will normally be considered where a child has a medical condition that may require an emergency response, requires ongoing support or intervention during the school day, or has a complex or long-term medical need that requires coordinated planning.

Examples may include children and young people with epilepsy, severe allergies, Type 1 diabetes, significant asthma, complex medical conditions, or those who require healthcare procedures or medication management during the school day.

Developing an Individual Healthcare Plan

Individual Healthcare Plans should be developed in partnership with parents/carers, relevant healthcare professionals, school staff and, where appropriate, the pupil.

The level of detail included within a plan should reflect the complexity of the child's condition and the support required. Plans should clearly describe the child's medical condition, any known triggers, signs and symptoms, treatment arrangements, daily management requirements and emergency procedures.

Consideration should also be given to the child's educational, social and emotional needs, any reasonable adjustments required, arrangements for educational visits and off-site activities, and the support required to enable full participation in school life.

Where appropriate, schools may request supporting medical evidence to assist with planning and the implementation of suitable arrangements.

Special Educational Needs and Disabilities

Where a child has identified Special Educational Needs and Disabilities (SEND), Individual Healthcare Plans should complement existing support arrangements.

Where a pupil has SEND but does not have an Education, Health and Care Plan (EHCP), relevant information should be reflected within the Individual Healthcare Plan. Where a pupil has an EHCP, the Individual Healthcare Plan should be linked to, or incorporated within, that plan where appropriate.

Schools should ensure that medical needs are considered as part of annual reviews and transition planning processes. Relevant professionals may be invited to planning meetings where their involvement will support effective coordination of care.

Pupil Voice and Participation

Children and young people should be involved in discussions about their medical needs and the development of their Individual Healthcare Plans wherever appropriate.

Their views, wishes and preferences should be considered in accordance with their age, maturity and level of understanding. Staff should use appropriate language and communication methods to support meaningful participation and encourage children to take increasing responsibility for their own healthcare where appropriate.

Consent and Information Sharing

Parents/carers remain key partners in the development and review of Individual Healthcare Plans.

Appropriate consent should be obtained for the sharing of relevant medical information with staff who need to know in order to support the child safely. Information should be shared on a need-to-know basis and managed in accordance with data protection requirements.

Arrangements relating to consent, information sharing and record management should be detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Review of Individual Healthcare Plans

Individual Healthcare Plans should **be reviewed at least annually and sooner where there is evidence that a child's needs have changed.**

Reviews may also be required following a significant medical event, a change in treatment, transition to a new setting, changes in staffing arrangements, or where concerns are identified regarding the effectiveness of existing support arrangements.

Schools should ensure that plans remain accurate, current and accessible to relevant staff.

Transition Planning

The Trust recognises the importance of effective transition planning for children with medical conditions.

Individual Healthcare Plans should be reviewed and updated in advance of key transition points, including transfer between phases of education or movement between schools. Where appropriate and with parental consent, relevant information should be shared with the receiving setting to support continuity of care and effective planning.

Transition meetings may be arranged with parents/carers, children and relevant professionals where additional planning, support or staff training is required.

Contents of an Individual Healthcare Plan

The Trust's Individual Healthcare Plan template should be used to support consistent practice across schools.

Depending upon the child's needs, an Individual Healthcare Plan is likely to include information relating to:

- The medical condition, its triggers, signs, symptoms and treatment;
- The child's resulting needs and required support arrangements;
- Educational, social and emotional considerations;
- Medication requirements and healthcare procedures;
- The level of support required and who will provide it;
- Training requirements for staff;
- Emergency response procedures;
- Arrangements for educational visits and off-site activities;
- Information sharing arrangements and key contacts; and
- Review arrangements.

Review

School-specific arrangements relating to the implementation, storage, accessibility and monitoring of Individual Healthcare Plans are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Schools must ensure that local arrangements reflect the requirements of this guidance and that Individual Healthcare Plans are reviewed regularly to ensure they remain effective and up to date.

Template/Advice for completing Individual healthcare plans.

Specific examples for diabetes, nut allergies and seizures etc can be found on the THPT Intranet.

Enter name of school	**Individual Health Care Plan** **Name of Child/young person** Photo from SIMS
Medical condition planned for	Medical condition as it appears on Sims
Associated medication	Medication used Please include details of where medication is kept in school
Additional needs	
Date of Birth	
Home address	
Contact details	
Next of kin details	
GP details	Please include GP details including phone number
Consultant / practitioner details	Include Consultant/hospital if known

Enter medical condition Give brief details of when the illness/medical condition began – if its an allergy, how did it present? What actions did parents take? When was the last time the child/young person had a reaction?
Condition presents itself in the following ways
• Signs and symptoms – what should teachers be looking out for?
Any known triggers
• Diabetes might be changes in diet, stress, periods, exercise • Allergies may include eating or touching nuts (be specific if known, what types of nuts?)
Action plan or treatment
• Consider the order of actions – this is the go-to if an incident happens. This action plan is agreed by parents and should be clear • *For allergies it may include:* - *Antihistamines (Piriton kept in the school office)*

- *Epi-Pen (kept in the school office)* - *Phone parents* - *If concerned phone an ambulance*
Start date of plan: September 2024
Review date of plan: September 2025, reviewed April 2025
Completed by: Enter full name of person who completed it
Approved by Principal:

Approved by parents

This needs to be reviewed and agreed with parents – they don't need to see the physical form but someone needs to take them through the detail either in person or on the phone

Name of parent:	
Signature:	If it was verbally agreed, which member of staff was it agreed with.
Date:	

School use only

School based Epi-pen permission	Verbal permission is fine in the first instance but must be followed up with written confirmation
History of changes	As the Individual Healthcare plan is reviewed at least annually. History of changes can be recorded here – in year update, changes to doctors, medication etc. This should read like a medical chronology

Appendix D

THPT Guidance for Allergies and Anaphylaxis

This guidance sets out The Howard Partnership Trust's expectations and minimum standards for supporting children with allergies and reducing the risk of allergic reactions, including anaphylaxis.

School-specific operational procedures relating to allergy management, emergency response arrangements, educational visits, communication processes and staff responsibilities are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

This guidance should be read alongside:

- THPT Medical Needs, First Aid and Intimate Care Policy;
- Individual Healthcare Plans (IHCPs);
- Educational Visit procedures;
- Relevant safeguarding arrangements; and
- The school's Local Safeguarding, Welfare and Medical Arrangements document.

Understanding Allergies and Anaphylaxis

An allergy occurs when the body's immune system reacts to a substance (allergen) that is normally harmless to most people.

Common allergens include peanuts and tree nuts, milk and dairy products, eggs, fish and shellfish, sesame, wheat, soya, certain fruits, medicines, insect stings and latex.

Anaphylaxis is a severe and potentially life-threatening allergic reaction requiring immediate emergency treatment.

Symptoms may develop rapidly and can include swelling of the lips, tongue or throat, difficulty breathing or wheezing, persistent coughing, a hoarse voice, difficulty swallowing, dizziness or collapse, pale or clammy skin, and loss of consciousness.

Staff should be aware that symptoms may vary between individuals and that even apparently mild symptoms can progress quickly.

Benedict's Law and Allergy Safety

The Trust recognises the increasing national focus on allergy safety following the death of Benedict Blythe and subsequent calls for strengthened allergy management within educational settings.

Schools should take a proactive approach to allergy management by identifying children with allergies promptly, maintaining accurate records, ensuring staff awareness, promoting a culture of allergy safety, encouraging effective communication between school, families and healthcare professionals, and ensuring emergency arrangements are effective and understood.

The Trust's approach is based upon awareness, preparedness and risk reduction rather than attempting to create completely allergen-free environments.

Identification and Recording

Schools should maintain accurate records of children with significant allergies.

Records should include, where appropriate:

• Child name;
• Allergy or allergen;
• Severity of reaction;
• Medication required;
• Location of medication;
• Whether an Individual Healthcare Plan is in place; and
• Emergency contact information.

All relevant medical information should be recorded and maintained through Medical Tracker and reviewed regularly.

Schools should ensure that relevant staff are aware of children with severe allergies and understand their responsibilities.

Individual Healthcare Plans

An Individual Healthcare Plan should normally be in place where:

- A child has been prescribed an adrenaline auto-injector;
- A child has experienced an anaphylactic reaction;
- A healthcare professional recommends additional support; o
- The school identifies a need for formal management arrangements.

Healthcare Plans should clearly identify allergens and triggers, signs and symptoms, medication requirements, storage arrangements, emergency procedures, educational visit arrangements and any reasonable adjustments required.

Medication and Adrenaline Auto-Injectors

Parents/carers are responsible for providing prescribed medication and ensuring that it remains in date.

Schools should ensure that medication is clearly labelled, readily accessible, accompanies the child on educational visits and off-site activities where required, and that relevant staff know where medication is located. Schools should also ensure that expiry dates are monitored.

Detailed local arrangements for storage, monitoring and access to medication are set out within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Where a child has been prescribed an adrenaline auto-injector (AAI), schools should strongly encourage families to provide two devices wherever possible.

Schools may hold emergency spare AAIs in accordance with current legislation and national guidance.

Staff Training

Staff working directly with children who have severe allergies should receive appropriate training. This should include recognising allergic reactions and anaphylaxis, understanding emergency response procedures, the safe use of adrenaline auto-injectors, awareness of the location of medication, and any individual arrangements required for specific children as set out within their Individual Healthcare Plan.

Training arrangements and refresher requirements should be detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Food, Catering and Classroom Activities

Schools should take reasonable steps to minimise exposure to known allergens. This may include sharing relevant allergy information with catering providers, reviewing ingredients used in cooking activities, considering allergies when planning celebrations and special events, providing suitable alternatives where appropriate, and discouraging the sharing of food between children.

Schools should avoid creating a false sense of security by describing areas as completely "allergen free". Any restrictions should be proportionate, based on individual needs and informed by risk assessment where appropriate.

In Early Years settings, schools must also have regard to the Department for Education's Early Years Foundation Stage requirements relating to safer eating. Whilst children are eating, there should always be a member of staff present in the room who holds a valid paediatric first aid certificate. This requirement should be reflected within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Educational Visits and Residential Activities

Educational visits should be planned with appropriate consideration of allergy risks. Visit leaders should ensure that relevant Individual Healthcare Plans have been reviewed, that medication is available throughout the visit, that accompanying staff understand emergency procedures, and that catering and access to emergency medical services have been appropriately considered.

For residential visits, additional planning may be required regarding meal provision, food preparation and medication storage.

Operational arrangements for educational visits are detailed within the school's Local Safeguarding, Welfare and Medical Arrangements document.

Recognising an Allergic Reaction

Mild to Moderate Symptoms

Symptoms may include:

• Itching;
• Localised swelling;
• Mild rash;
• Tingling sensation; and
• Stomach discomfort.

Staff should monitor the child closely and follow the Individual Healthcare Plan.

Severe Symptoms (Possible Anaphylaxis)

Symptoms may include:

• Difficulty breathing;
• Wheezing;
• Swelling affecting breathing or swallowing;
• Persistent coughing;
• Collapse; and
• Loss of consciousness.

These symptoms require immediate emergency action.

Emergency Response Procedure

Where anaphylaxis is suspected, staff must follow the emergency response procedure set out within the pupil's Individual Healthcare Plan, staff training and current healthcare guidance.

This will normally include:

1. Administering the prescribed adrenaline auto-injector without delay;

2. Calling 999 and requesting an ambulance, stating that anaphylaxis is suspected;

3. Following the pupil's Individual Healthcare Plan;

4. Administering a second prescribed adrenaline auto-injector, where available and indicated by healthcare guidance or the Individual Healthcare Plan;

5. Maintaining constant supervision of the pupil until emergency services arrive;

6. Informing parents/carers as soon as reasonably practicable; and

7. Recording the incident and any medication administered on Medical Tracker in accordance with Trust procedures.

Staff should not delay treatment whilst seeking further advice. If there is any doubt as to whether a pupil is experiencing anaphylaxis, adrenaline should be administered and emergency medical assistance sought immediately.

Prompt administration of adrenaline is recognised as the safest and most effective response where anaphylaxis is suspected.

Recording and Reporting

Following any significant allergic reaction, schools should record the incident and any medication administered on Medical Tracker, inform parents/carers, review the effectiveness of existing control measures, consider whether the Individual Healthcare Plan requires updating, and identify any lessons learned.

Serious incidents should be reported in accordance with Trust reporting procedures and the school's Local Safeguarding, Welfare and Medical Arrangements document.

Inclusion and Participation

Children with allergies should be supported to participate fully in school life. Reasonable adjustments should be considered to enable safe participation in lessons, clubs, educational visits, residential experiences, sports activities and wider enrichment opportunities.

Children should not be excluded from activities solely because they have an allergy where reasonable steps can be taken to manage risk safely.

Review

Operational arrangements relating to allergy management, emergency response procedures, educational visits, communication arrangements, catering processes and staff responsibilities are detailed within each school's Local Safeguarding, Welfare and Medical Arrangements document.

Schools must ensure that local arrangements reflect the requirements of this guidance and are reviewed regularly.

Allergy Emergency Response Flowchart

ASSESS THE CHILD
Are symptoms mild or moderate? ***Symptoms should be monitored closely as they can escalate quickly***

MILD/MODERATE

Mild to Moderate Symptoms (Monitor Closely)
Symptoms may include:
- Itchy skin
- Symptoms may include:
- Itchy skin
- Localised rash or hives (urticaria)
- Mild redness of the skin
- Tingling or itching of the lips or mouth
- Localised swelling that is not affecting breathing or swallowing
- Mild abdominal discomfort
- Nausea

Follow Individual Healthcare plan & contact parents

Rapidly Worsening Reaction
• Symptoms spreading quickly
• Multiple body systems affected

IF YES – TREAT AS ANAPHYLAXIS ADMINISTER ADRENALINE IMMEDIATELY
- Use the pupil's prescribed Adrenaline Auto-Injector (AAI)
  or
- Use the school's emergency spare AAI where appropriate and permitted

SEVERE

Severe Symptoms (Possible Anaphylaxis)
- Difficulty breathing
- Wheezing
- **Persistent cough**
- Swelling affecting breathing or swallowing
- Hoarse voice
- Dizziness
- Pale, floppy or collapsed appearance
- Loss of consciousness

ARE ANY OF THE FOLLOWING PRESENT?
Airway
• Swelling of tongue, throat or lips, difficulty swallowing, hoarse voice
Breathing
• Wheezing, persistent cough, difficulty breathing, noisy breathing
Circulation
• Pale, clammy skin, dizziness, collapse, loss of consciousness

Call 999
Share - "A child is experiencing suspected anaphylaxis. Adrenaline has been administered."

CONTINUE MONITORING
- Always stay with the child
- Reassure and monitor breathing
- Follow emergency operator instructions
- Send someone to meet the ambulance if appropriate