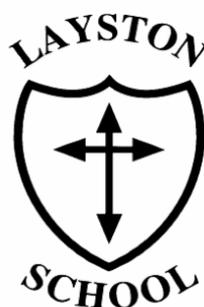




Layston C of E First School



Loving to learn, Learning to love. For every child a chance to shine

Supporting Pupils with Medical Conditions Policy

Reviewed July 2022

Next Review due July 2023

Policy Review

This policy will be reviewed in full by the Governing Body annually.

The policy was first agreed and adopted by the Governing Body on 5.9.22.

Layston C of E First School Supporting Pupils with Medical Conditions Policy July 2022

It is due for review in Summer Term 2023 (up to 12 months from the above date) by the Governing Body.

Signature ...*A McMurrough*.....

Date ..01.07.22..

Head Teacher

Signature ...*C Wilson*.....

Date ..05.09.22..

Chair of Governors



The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (2015) for governing bodies of maintained schools and proprietors of academies in England

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

The named members of school staff responsible for this medical conditions policy and its implementation is **Adele McMurrough HT, Susie Betley DHT and Samantha Woolford/Aly Price (Admin/ Welfare Assistant)**

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, our school will focus on the needs of each individual child.

- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.

- All staff receive training in what to do in an emergency and this is refreshed at least once a year.

- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

- This school has chosen not to hold an emergency salbutamol inhaler for use by pupils.

¹ An example template for an IHP has been produced by Dfe - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions e.g. asthma, allergies, epilepsy and diabetes.²
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.³
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are

² For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

³ For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

readily available wherever the child is in the school and on off-site activities, and are not locked away.

- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise this school will store controlled drugs securely in a non-portable container, with staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to check all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP.

Appendix 1 is used to identify and agree the support a child needs and the development of an IHCP

- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register. **Samantha Woolford/Aly Price (Admin/Welfare Assistant)**
- IHPs are regularly reviewed, at least every year by the **Samantha Woolford/Aly Price (Admin/Welfare Assistant)** or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHRE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks. This school is committed to identifying and reducing triggers both at school and on out-of-school visits.

- School staff have been given training on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in **Appendix 2**.
- For pupils who require intimate care for toileting an Intimate Care Plan (ICP) will be drawn up with the parents, child and suitable trusted adults **Appendix 5**.

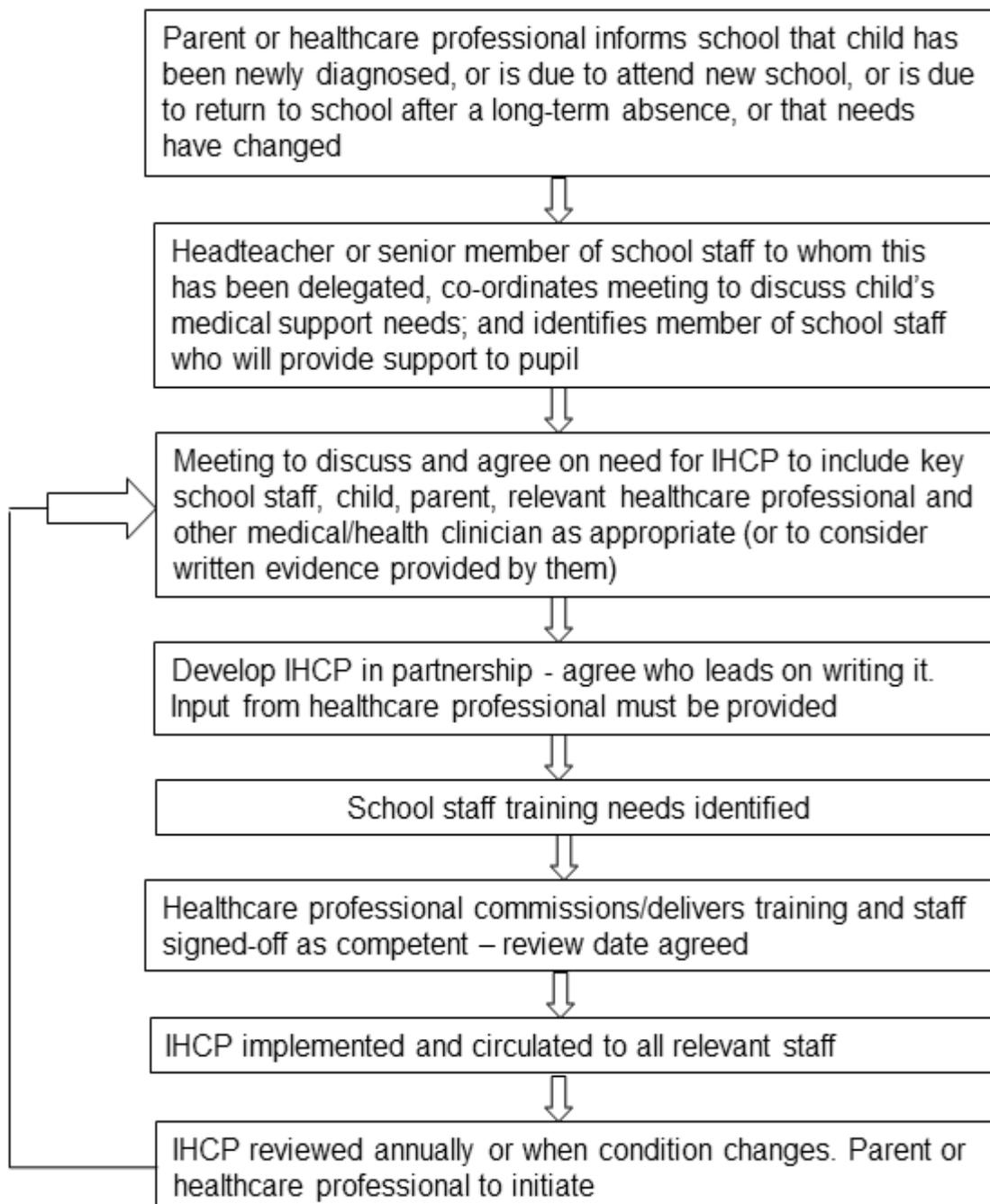
The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher - should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses - should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils - with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The school's two volunteers for ensuring this protocol is followed are **Susie Betley and Adele McMurrough**. Appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.

Appendix 3 - Layston roles and responsibilities

Parents inform the school via office/class teacher that a child has a medical condition. Office staff sends out medical form and Individual Healthcare Plan for parents to complete and return. Office staff hold a list of dates for every medication that is kept in school and will notify parents as and when medication is due to expire to arrange new ones. Office staff sign post parents to the Supporting pupils with Medical Needs Policy

Once the form has been returned the office staff inform the class teacher. Two copies of the IHP are made one is kept in the child's class and one in the IHP folder in the office. An overview report is given to every class with information about every child within school who has an IHP. Children with severe medical needs information is placed in every classroom folder.

Class teachers are to inform the year group team working in the classroom with the child. A copy of the photo sheet describing the medical condition is put into the safeguarding folder and displayed on the inside of the cupboard door by class teacher.

Admin/ Welfare assistant to produce a photo of child and description of their medical condition and copy for display in the staffroom/classroom door/safeguarding folder/ forest school/ Nurture group/lunchtime folder/kitchen. Admin/ Welfare assistant is to update this as and when required and in the first week back after the summer and report any changes to Head.

Class teacher is to complete the risk assessments for any activities outside of the classroom, including offsite visits, walks to and from the church, swimming, forest school, cooking.

Head & deputy head to monitor the IHCP folder at the start of each term, checking that forms are completed and parents have signed to say they have seen the policy. Check also the record of all medication administered.

Supporting pupils with Medical Conditions Policy

Overview of actions and time frames

Name	Action	Frequency
Admin/ Welfare assistant	<ol style="list-style-type: none">1. Send out medical forms and Individual Healthcare Plans(IHCP's)2. Reminder texts to parents of all children with IHEP's to check medication in date3. Inform relevant class teachers of all medical and IHEP's returned.4. Make 2 copies of IHP's one for the office IHP folder and one for the class of the child's safeguarding folder.	<ol style="list-style-type: none">1. To all Sept reception intake in summer term and any in term admissions2. End of each term3. Beginning of each term4. Beginning late summer term and update termly
Admin/ Welfare assistant	<ol style="list-style-type: none">1. Using medical conditions list and IHCP's Admin/ Welfare	<ol style="list-style-type: none">1. Within first week Autumn term with termly updates.

	<p>assistant to produces photo of child and description of their medical condition.</p> <p>2. Produce copies for</p> <ul style="list-style-type: none"> - each class teacher - Office - HT - Safeguarding folder - Staffroom notice board - Forest school folder - Nurture group folder - MSA folder - Kitchen 	<p>2. Report at staff meetings any updates. Also inform FS,NG and MSA's</p>
<p>Class teachers</p>	<p>1. Inform year group team of children with medical condition list and IHCP's teachers responsibility to inform ALL adults who work in class, including parent helpers where applicable (even those who do PPA cover and supply for you). CONSIDER ADULT INFORMATION BOARD as in Y1.</p> <p>2. Laminate and put up copies of the photo sheets</p>	<p>1. In first week of new academic year and termly updates</p> <p>2. In first week of new academic year and termly updates</p> <p>3. Keep copy in class safeguarding file</p>

	<p>INSIDE classroom cupboards (as currently in Y3). Put an additional copy in class safeguarding folder.</p> <p>3. Complete risk assessments for activities outside the classroom such as offsite visits, walks too and from church, swimming , cooking</p>	and copy to Head for Evolve file.
Deputy heads	<p>1. Monitor IHCP folder</p> <p>2. Monitor Office, SENCo and Class teacher actions as above</p> <p>3. Monitor all records of medicines administered</p>	Termly - week 2.

Lauston C of E First School Intimate Care Plan

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas (such as cleaning up a pupil after they have soiled themselves). In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour may be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual Intimate Care Plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. When a child is in need of intimate care, two adults should be present. One to carry out the necessary care and one to support and safeguard the adult and child. The carers will generally be the same people who are involved with the care and have had the suitable training but there should be several people who are capable of supporting the child and are aware of their needs.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Lauston School Child Protection Procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the designated person for child protection (DSL). If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Policy for details).

Changing Facilities

Children who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern.

Toileting

If a child has soiled themselves, it is essential staff protect the child (and themselves) by:

1. Phoning the parent/carer for permission to clean/change the child. If the parent/carer refuses, they must come to the school straight away to manage the situation;
2. or where a parent/carer has given permission two adults are involved in the process (one to clean and the other to stand by the door to manage privacy);
3. Depending on the age of the child – the child should have autonomy at all times;
4. The situation must be dealt with in a toilet.

Equipment Provision

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes; changing mat etc. and parent should be made aware of this responsibility. The school is responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste.

Health and Safety

Staff should wear a plastic apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. Staff should be made aware of the school's Health and Safety Policy.

Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and SEND targets for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the school should be easily understood and recorded. Parents of pupils with regular soiling/wetting will be encouraged to leave a change of clothes in school for their child to use.

This policy is to be read in conjunction with our Safeguarding Policies:

- *Child Protection;*
- *Anti-Bullying;*
- *Behaviour & Discipline;*
- *Health and Safety;*
- *SEND;*
- *Staff Code of Conduct;*
- *Whistleblowing.*

Layston Intimate Care Plan Agreement - working towards independence

Pupil name:	Year Group: Year	DoB:	Name/s of staff involved:	Area of need:
Equipment required:	Location of suitable facilities:	Frequency of support:	Other details:	Start date: Review date:
The child will try to:		Staff assisting will support by:		

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

- I will stop what I am doing to help you in the toilet as soon as you ask me;
- I will avoid all unnecessary delays;
- When you use our emergency agreed signal, I will stop what I am doing and come and help;

The signal will be:-

- I will treat you with respect and ensure privacy and dignity at all times;
- I will ask permission before touching you or your clothing;
- I will check that you are as comfortable as possible, both physically and emotionally;
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you;
- I will look and listen carefully if there is something you would like to change about your toilet.

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

- I will try, whenever possible to let you know a few minutes in advance, that I need to go to the toilet, so that you can come and help me;
- I will try to use the toilet at break time or at the agreed times;
- I will only use the agreed emergency signal for real emergencies;
- I will tell you if I want you to stay in the room or stay with me in the toilet;
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed;
- I will work with you to practice the things I need to do to become more independent in using the toilet.

Parental Permission for Layston Staff to Provide Intimate Care - I understand that:

- ✓ I give permission to Layston to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.
- ✓ I will advise the head teacher of any medical reason my child may have which affects issues of intimate care.
- ✓ I understand that the intimate care provided for my child at Layston will be given by familiar members of staff.
- ✓ I understand that the members of staff providing the care for my child have had appropriate training, including in Child Protection.

Agreed & signed:

Parent/carer: _____ Date:

Staff: _____ Date:

Child (if appropriate): _____ Date:

DSL/DDSL: _____ Date: