



**First Aid Policy (1)**  
**Care Policy (2)**  
**Intimate Care (3)**  
**Administration of Medication (4)**  
**Touch (5)**

**IMPORTANT**

OAKWOOD ACADEMY WILL NOT  
TOLERATE  
ANY FORM OF ABUSE,

**OAKWOOD ACADEMY MISSION STATEMENT**

"Promoting learning excellence - Inclusion beyond the barriers".

**OAKWOOD ACADEMY : MORAL PURPOSE**

"We are united in the belief that together we can inspire all learners to dream, persevere and achieve so that we can change lives for the better, now and for future generations to come"

**WORRIED ABOUT A CHILD?**

If you are worried About a Child or Young Person  
speak to any of the following staff immediately  
Mrs A Nicholson : Mrs L Southwood : Mrs M Navin

Date of Issue: September 2019

Date Last Reviewed: September 2020

Date of Next Review: September 2021

## 'SAFEGUARDING IS EVERYBODY'S RESPONSIBILITY'

### **SAFEGUARDING POLICIES CHILDREN AND YOUNG PEOPLE**

The safeguarding policies (see back page for complete list?) are in place to help prevent children and young people up to 18 years of age being at risk of harm. Oakwood Academy advises the safeguarding policies are read in conjunction with each other. If you have any concerns or questions regarding policies, please refer to a member of LT/SLT.

### **WORRIED ABOUT A CHILD/YOUNG PERSON**

If you are **worried about a child or a young person** being at risk of harm, please speak to the Designated Safeguarding Lead or Deputy DSL. **DO NOT IGNORE IT.**

### **EXTREMISM/RADICALISATION**

All staff and Governors are to be familiar with the indicators of vulnerability to extremism and radicalisation and the procedures for dealing with concerns. Staff are made aware of the potential indicating factors when a child is vulnerable to being radicalised or exposed to extreme views. These include peer pressure, influence from other people or the internet, bullying, crime and anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity, prejudicial (damaging) behaviour and personal or political grievances. Staff to report any concerns to the Designated Safeguarding Lead or Deputy DSL.

### **SAFEGUARDING /HEALTH AND SAFETY**

Oakwood Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. At Oakwood we provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child and we strive to provide this within our classrooms. All staff follow health and safety guidelines.

### **SPIRITUAL, MORAL, SOCIAL & CULTURAL**

Oakwood work to prevent children and young people from developing extreme and radical views by embedding SMSC principles throughout the curriculum. During lessons we strive to create a learning environment which promotes respect, diversity and self-awareness and equips all of our children and young people with the knowledge, skills, attitudes and values they will need to succeed in their future lives.

### **For more details/information on Safeguarding refer to the following documents:**

- Keeping Children safe in education (statutory guidance for schools and colleges) : September 2018
- Working together to safeguard children (A guide to inter-agency working to safeguard and promote the welfare of children: March 2018
- Guidance for safer working practice for those working with children and young people in educational settings: October 2015
- Safeguarding & Child Protection Procedure (Oakwood Academy)

**Important: Please refer to the list of safeguarding policies (on back page) includes specific Safeguarding/Child Protection issues towards children and young people.**

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# FIRST AID POLICY (1)

This policy sets out our approach in both identifying safeguarding risks in connection with First Aid and adequately managing them. Any questions regarding its operation should be addressed to the Headteacher.

Oakwood Academy has responsibility to provide adequate and appropriate first aid to pupils, staff and visitors and the procedures in place to meet that responsibility. The policy is reviewed annually.

## AIMS

- To identify the first aid needs of Oakwood in line with the management of the Health and Safety at work regulations.
- To ensure that first aid provision is available at all times while people are on Oakwood premises, and also off the premises whilst on visits.

## OBJECTIVES

- To put in place suitably trained Lead First Aiders to meet the needs of Oakwood.
- To provide relevant training and ensure monitoring of training needs.
- To provide sufficient and appropriate resources and facilities.
- To inform staff and parents of Oakwood's First Aid arrangements.
- To keep accident records.

## Risk Assessment (Health & Safety)

Oakwood will ensure that a risk assessment is overseen by H&S Officer and that the appointments, training and resources for First Aid are appropriate and in place in collaboration with Lead First Aider. Risk Assessments are located on the staff shared server: in General file/ H&S file / Risk Assessments.

## First Aid

- Oakwood have a First Aid room on the orange corridor.
- All medication is kept locked away in the special cabinets and must be signed for.

- There are cold compresses kept in the fridge.
- There are a wide range of plasters, dressings and bandages available.
- Any minor injury must be recorded in the file in the First Aid room.
- Any major injuries that requires hospital treatment parent/carers are immediately contacted.
- Specialist equipment is stored in the First Aid Room including the defibrillator.
- There is a treatment bed if a pupil needs to rest after an injury or are feeling unwell.
- All checked and maintained

**All staff** have a duty of care to do all they can to secure the welfare of the pupils. **Named Lead First Aider** for Oakwood Academy is **Ms D Brookes**: other main First Aiders are

- Mr Ellis
- Mrs Moran
- Ms Ravenscroft
- Ms Booth
- Ms Miller
- Mr Jones
- Mr Kelly
- Ms Andrews
- Silver Street: J West and J Bywater
- UTC: M Murden, S Tustin, D O'Sullivan, C Thomasson and C Horton

There are also Staff with (1-day) First Aid Training and Oakwood Nurses are Mrs K Connolly and Mrs F Wood.

First Aiders take charge when someone is injured or becomes ill. Ensure that an ambulance or other professional medical help is summoned when appropriate.

## Procedures

- Reviews of Risk Assessments will be carried out annually and when circumstances alter, by the H&S officer. Recommendations on measures needed to prevent or control identified risks are to be forwarded to the Headteacher.
- To ensure that staff are informed about Oakwood's First Aid arrangements, giving the location of equipment, facilities and First Aiders

- First Aiders will hold a valid certificate of competence, issued by an organisation approved by an approved First Aid Training Course 'First Aid at Work'.
- The main First Aiders for Oakwood undertake a three-day training course. Other selected staff will attend the one-day emergency First Aid training and will refresh annually.
- For **medication** information please refer to the **Care Policy**.

Oakwood will ensure that the appropriate number of First Aid boxes are available and will all be marked with a white cross on a green background. These are situated in the following areas and checked and maintained on a regular basis.

- First aid room
- Tech (Food Studies) room
- Tech (RMT) workshop
- Hydro-pool
- Science Department
- Silver Street - Located in the Main Office
- UTC - Located in room 2.24 Store Cupboard

## **Defibrillator**

Oakwood has a Defibrillator which is located in the First Aid Room on the orange corridor. How to use instructions are clear and precise on the machine.

PE Department also have a defibrillator which can be taken off site.

Silver Street - Located in the Seating/ Dining Area

UTC - Located in the Staff Room on the Ground Floor

## **Reporting and Accidents**

Any reportable accidents should be referred to Oakwood's H&S officer. All accidents recorded should be followed up by a telephone call to Parents/Carers. Statutory requirements: under reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Any accidents and/or serious, that require hospital visit must be reported to Risk Protection Arrangements (RPA) and the Senior Safety Officer (HSO) Records of incidents are logged. This includes: the date, time and place, personal details of those involved, and a brief description of the nature of the incident.

Accidents where a child does need to be taken to hospital. The First Aider dealing with the situation will need to assess the severity of the injury and make the following decision (Executive Principal / Headteacher to be informed).

**If the injury is of a serious nature:**

- School will telephone for an ambulance immediately- telephone parents/carers giving details informing them of what's happened and arrange to meet parents at the hospital. (staff to remain at hospital to wait for parents)
- School will access a copy of the Individual Care Plan if appropriate.

**If the injury is not serious however, does so require to attend the hospital**

- parent's to be contacted to come and collect the child from Oakwood to be taken to hospital.

**Accidents involving a visit to the hospital must be reported to the Salford L.A.**

**Please refer** to the back of the hard copy of this Policy: Reporting of Injuries, Diseases and Dangerous Occurrences (**RIDDOR**) for more information and a copy of Reporting Accidents tick box re- Salford City Council.

## **Oakwood Mini-bus (Transport)**

All Oakwood mini buses have first aid containers/boxes that are checked regularly. As a matter of H&S a First Aider travels on Oakwood mini bus with pupils.

## **Contact Names and Information**

**Lead First Aider: Ms D Brookes**

**H&S Officer: Headteacher**

**First Aid Room: Room 68 (orange corridor) next to the Team Office**

# CARE POLICY (2)

## Health and Safety/Safeguarding

Oakwood Academy is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment by providing a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child. All staff are aware of and follow health and safety guidelines. Please see the Safeguarding Policy for more details

## Staff Awareness

All staff needs to be aware of the medical needs of the pupils within their care.

- Is the pupil on medication?
- Has the consent form been sent into Oakwood if medication is required during the day?
- Are there any known side effects?
- When is medication given?
- Does the child require specialist equipment?
- Are there outside agencies involved?

Completed consent forms are kept with nurse at Oakwood as this is a generic consent form.

## Parents /Carers - medication

It is the responsibility of parents /carers to inform Oakwood Academy of any medical conditions and the need for taking medication within the day.

- **Medication - consent forms**

Consent forms **must** be completed by parents / guardians prior to medication being given out within Oakwood. Parents / guardians should be aware that supervising the administration of medication is done by staff on a voluntary basis. Members of staff are not legally obliged to administer or supervise the taking of medication.

- **Medication**

Short-term medication should preferably be given at home but with consent can be given in school.



Pupils requiring long-term medication can have this stored at Oakwood by prior consent with the Associate Headteacher.

Medication brought into Oakwood must be handed in during morning to the Disability/1st Aid Team. All medication taken within Oakwood will be recorded in the medication file and kept in the First Aid room.

**Medication must be:**

- In the original packaging from the doctor, chemist or hospital
- Clearly labelled with pupils name
- Timing, side effects and dosage must be clearly shown on the consent form.

## **Personal Care**

If pupils require assistance when going to the toilet two members of staff will always be present. Pupils will be encouraged to be as independent as possible. Dignity and privacy will be respected and maintained at all times. High standards of hygiene practise will be encouraged and promoted. The nurse at Oakwood will train staff on Colostomy/Catheterisation care.

Staff will wear protective disposable gloves for any procedures that come into contact with blood or body fluids. These will then be immediately disposed of in the medical disposal bins located in the accessible toilets.

Pupils who wet or soil will be given clothing to change into if clothing is available. Otherwise parents/guardians will be asked to provide a change of clothes or collect their child. Pupils with an upset stomach will, in most cases are sent home.

Pupils who need to change on a regular basis will be asked to bring a change of clothes into Oakwood. It is not the responsibility of staff at Oakwood to provide clothes for pupils; it is the parent/guardians responsibility. Soiled or wet clothes will be sent home in a plastic bag.

## **Cleaning up after a sick pupil**

High standards of hygiene practise will be maintained at all times. Staff will wear protective disposable gloves and an apron. Wipes are kept in all of the accessible toilets and also in the First Aid room. Use yellow disposable bags to dispose of waste and ventilate the room if possible. Inform the Site Manager who will organise a deep clean.

Pupils who are sick or have an upset stomach will be sent home. They will need to be off school 48 hours until the signs and symptoms are clear.

## **Moving and Handling**

A risk assessment will be carried out on individual pupils; the risk assessment will be kept in a file in the shared area.

The Physiotherapist and Disability Advisor will continually assess pupil's needs. The Disability Advisor, in conjunction with the Team Manager will be responsible for timetabling pupils with physiotherapy needs.

A portable hoist is kept in the accessible toilet along with the slings. Slings are **NOT** interchangeable (all pupils will have their own personal slings)

Our emphasis is to **avoid lifting manually** unless in an emergency to ensure the pupils and staffs safety.

Where the need for manual handling cannot be avoided, a risk assessment will take place after which appropriate equipment should be used such as a walking or handling belt, a glide sheet and sliding board.

Pupils should be informed about the procedure being undertaken and encouraged to assist verbally or physically where possible, in order to promote and encourage independence.

Staff should inform the Team Manager if they are unable to handle/move pupils due to physical reasons or if they experience any difficulty using the hoists or other aids.

There are designated staff that are trained in moving and handling. They will inform / train staff on new procedures as and when necessary.

## **Asthma**

Pupils with asthma will carry their own inhalers in line with recommendations from the British Asthma Association. We advise that a spare inhaler is sent into Oakwood in case of loss or damage to the original inhaler or it becomes empty. Inhalers need to be clearly labelled with the pupils' name before being sent into Oakwood. Pupils suffering from an attack will be encouraged to use their inhaler.

Each campus has on site Emergency Salbutamol Inhalers. These inhalers are to be used should the pupils own inhaler be defective. Parental consent for use of the emergency inhaler must be given before prior use.

Should a pupil suffer an asthma attack staff will reassure and encourage the pupil to breathe slowly and deeply. Staff will not attempt to comfort the pupil by putting their arm around them as this could restrict breathing. If after 5 to 10 minutes the medication has had no affect or if the pupil is distressed or unable to talk then medical advice will be sought from the nurse at Oakwood or an ambulance will be called. A care plan for pupils/young people is kept in the First Aid Room completed by the School Nurse.

## **Epilepsy**

In the event of an epileptic seizure a pupil should not be moved unless they are in danger. The airway should be checked and maintained and nothing should be put in the mouth. The

pupil must not be restrained in any way. Emergency epilepsy care plan (kept in First Aid Area) must be followed and if rescue medication needs to be administered this will be done by the nurse at Oakwood or by a paramedic or a member from the First Aid Team/ Disability Team in their absence.

If a Tonic Clonic seizure occurs and the child has sustained an injury 999 must be called immediately and parents will be notified.

The pupil should be put into the recovery position once the seizure has stopped. On recovery the pupil may wish to lie down or sleep. Individual wishes and dignity should be respected and accommodated.

## **The Nurses at Oakwood Academy**

The Nurses at Oakwood are able to offer advice, training and information to pupils and staff on health related issues. They will provide any necessary nursing care for pupils at Oakwood if required. First aid care is administered by the Nurse and members of staff who are qualified **First Aiders**.

The Nurses assists the community Doctor with routine and selective medical examinations. In addition, they can arrange hearing tests, eye clinic, immunisations and podiatry appointments. Pupils requiring monitoring for asthma, diabetes, epilepsy, weight and other conditions will be seen as necessary.

## **Physiotherapist/Occupational Therapist**

The physiotherapy team are available to offer advice and support in the physical management of children. Physiotherapy is aimed to help children to develop to their fullest potential and thus prevent or minimise postural deformities.

Advice can be given on wheelchair and seating positions, standing frames, splints and other specialised equipment. The Physiotherapist works with pupils on individual programmes and contributes to annual reviews and transition plans for individual pupils, if needed they will also offer Hydrotherapy Programmes that the Disability Team will oversee.

## **Hydrotherapy**

Pupils are referred for these sessions by the Doctor and the Physiotherapists. Individual risk assessments have been created for each pupil by The Disability Team and they along with 1-1 staff and other support staff adhere to them.

- All moving and handling procedures are undertaken by one of the Disability Team plus another member of staff
- All the 1-1 staff and other supporting staff must adhere to the risk assessments
- One member of staff in the pool with pupils, this ratio is assessed and increased depending on the number of pupils and the needs of the pupils and 2 members of staff must be on the poolside at all times
- The policy for the hydrotherapy pool is regularly up-dated. Spie/Chatsworth/Oakwood meet up to adapt if deemed appropriate. A copy of the policy can be found in the hydrotherapy pool area.
- In the event of a pool emergency an alarm will sound in reception and the office (dry team) for Oakwood and Chatsworth will follow the protocol that has been put in place.

## **Safeguarding/Child Protection**

If during daily care routines unexplained marks, bruises or physical conditions are noticed, these are to be reported to the **Designated Safeguarding Lead or Deputy DSL**.

If during daily care routines a pupil makes a disclosure about any member of Staff this must be reported to the **Designated Safeguarding Lead or Deputy DSL**.

## **Out of Oakwood Activities/Holidays**

Staff organising holidays or activities must follow the school protocol as detailed below (This information can also be found in the Shared Area under Trips & Visits):

### **4 weeks before trip:**

- Forms A, C and D: To be completed 4 weeks before trip and given to D Donnelly for initial approval. Form B: To be completed 4 weeks before the trip and given to D Brookes.

### **2 weeks before trip:**

- Forms A, B, C, D, E: To be given final and Evolve completed.

### **On the day of the trip:**

- Form E: To be completed and given to the office.

**1 week after the trip:**

- Form F: To be completed and given to D Donnelly.

# Intimate Care/ Toileting (3)

At Oakwood we are committed to safeguarding and promoting the welfare of children and young people.

We are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. We are committed to ensuring that children are treated with sensitivity and respect.

## **What is Intimate Care**

Intimate care is defined as any care which involves, touching or carrying out an invasive procedure that most children and young people carry out for themselves but which some are too young or are unable to do. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or contact with intimate personal areas. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, help someone use the toilet or cleaning a pupil who has soiled him/ herself or vomited. It is also associated with other accidents that may require child to remove their clothing. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require support.

## **Health and Safety/Safeguarding**

Oakwood is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. All staff believe that Oakwood should provide a caring, positive, safe and stimulating environment that promotes the social, physical and moral development of the individual child and they strive to provide this within their classrooms. All staff are aware of and follow health and safety guidelines. Please see the Safeguarding Policy for more details.

## **Definitions (Moving and Handling/Toileting)**

Intimate physical handling is seen as the physical assistance and supervision necessary to help a pupil meet his/her functions, situations may include, for example:

- Personal care and social needs
- Access to the curriculum
- Assisting pupils using the toilet
- Assisting and supervising pupils in showering and dressing and changing
- Moving and Handling pupils in a variety of situations

- Providing necessary physical assistance and support to individual pupils during the day, practical activities, PE, Hydro, (i.e. showering, dressing and undressing, therapy)
- Basic physical care, in self-help programmes
- The application of creams including 'prescribed' treatment.

## **Procedures & Practice**

- Physical handling will vary according to the pupil's individual educational, physical, medical and therapy needs.
- Except in unforeseen or emergency situations, pupils requiring intimate care will normally have this documented in a Health Care Plan, and a risk assessment will be done. In unforeseen or emergency cases, parents will be informed as soon as possible and the pupil's permission is respected and overseen by Senior Management if appropriate.
- Routines are considered to be part of the pupil's education and should, as far as possible, promote/maximize the development of self-help skills and independence.
- Pupils should be handled with care, confidence, respect and reassurance at all times.
- Handling should always be undertaken with sensitivity and provide the up most regard for the pupil's dignity, the right for privacy and with respect for confidentiality.
- More 'able' pupils should be encouraged to be independent and their privacy respected, with the minimal amount of supervision, whilst having given due consideration to Health & Safety issues.
- During the routines pupils should be talked to about what is happening to enable them to anticipate, understand and participate in care procedures.
- The Disability Team and sometimes the 1:1 worker for the pupil will oversee intimate handling of pupils. Pupils should always be overseen by the Disability Team and must never be on their own with a pupil.
- Staff should be provided with relevant training, including induction, child protection, moving & handling training, along with any necessary updates and retraining (this should be certificated if appropriate) The Disability Team to receive training from the Health Adviser.
- Staff must seek advice if they are unsure about care routines in any other matter Ms Deborah Brookes (Disability Adviser) will advise staff on this.
- Staff should be aware of the dangers of placing themselves in vulnerable situations and must seek to avoid doing so. They should seek support if necessary.

- **CHILD PROTECTION** -If during daily care routines unexplained marks, bruises or physical conditions are noticed, these should be reported to the Designated Safeguarding Lead or Deputy DSL
- If during daily care routines a pupil makes a disclosure about any member of staff this must be reported to DSL or Deputy DSL.



# Administration of Medication (4)

The Trust Board of Governors and staff of Oakwood Academy wish to ensure that pupils with medication needs receive appropriate care and support at Oakwood Academy. The Executive Principal /Head of School will accept responsibility in principle for members of Oakwood Academy staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

**Please note that parents/carers should keep their children at home if acutely unwell or infectious.**

Parents/carers are responsible for providing the Executive Principal /Associate Headteacher with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in Oakwood Academy without complete written and signed instructions from the parent/carer.

Staff will not give a non-prescribed medicine to a child unless there is specific prior written permission from the parents/carers to the Executive Principal / Associate Headteacher.

Only reasonable quantities of medication should be supplied to Oakwood Academy (for example, a maximum of four weeks supply at any one time).

Where the pupil travels on school transport with an escort, parents/carers should ensure the escort has written instructions relating to any medication sent with the pupil. This includes medication for administration during respite care.

Each item of medication must be delivered to the Executive Principal / Associate Headteacher or Authorised Person, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed.** Schools to 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 must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container and all medicines should be stored safely away from children.

Non-prescription medication (over the counter) i.e. paracetamol, calpol etc will no longer be administered in school.

Training for administration of medication is delivered to the disability team by the school nurses.

Parents - 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 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.

**Managing medication in Schools Guidelines: Visit the following statutory guidance:**

[Children and Families Act 2014 section 100](#)

[Supporting pupils at school with medical conditions December 2015](#)

**Oakwood Academy will not accept items of medication in unlabelled containers.**

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in Oakwood Academy will be kept in a locked medicine cabinet. Oakwood Academy will keep records, which they will have available for parents/carers.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents/carers of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, Oakwood Academy's emergency procedures will be followed.

It is the responsibility of parents/carers to notify Oakwood Academy in writing if the pupil's need for medication has ceased.

It is the parent/carer responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

Oakwood Academy will not make changes to dosages on parent/carer instructions.

Staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent/carer at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for transfer to a community pharmacist for safe disposal.

For each pupil with long-term or complex medication needs, the Executive Principal / Associate Headteacher, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals. Where it is appropriate to do

so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in Oakwood Academy. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Disability Team.

Oakwood Academy will make every effort to continue the administration of medication to a pupil whilst on trips away from the Oakwood Academy premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed. All staff will be made aware of the procedures to be followed in the event of an emergency.

# Touch (5)

## Rational

Touch is essential in order to provide sensitive and good quality care for the children and young people we support. Used in context, and with empathy, touch supports the development of our natural interactions with the children and young people we care for. Staff, often have concerns and fears about the use of touch for various reasons. This policy sets out to clarify the reasons and conditions for touch.

The policy relates to the outcomes framework in Every Child Matters (2003) and The Children Act (2004)\*.

## Purpose

The purpose of this Policy is to provide staff (parents/carers) at Oakwood Academy with the essential and appropriate procedures for the protection and safeguarding of children and adequately managing them. Any questions regarding its operation should be addressed to the Associate Headteacher.

**Any Child Protection Issues** please speak to **Designated Safeguarding Lead or Deputy DSL**.

Touch is important and may be used routinely for any of the following reasons:

For **communication**: to reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. In addition, to respond non-verbally or, to another person's own use of physical contact for communication and to make social connections. This is particularly likely to occur during intensive interaction\* or day to day greetings (hand shakes, hugs etc).

For **educational reasons**: as part of the process of establishing the fundamentals of communication\* for people at early communication levels, and to direct children in educational tasks and essential skills. As support or guidance for example, during transitions between activities and during swimming or P.E. sessions (see specific P.E. behaviour management guidelines).

To **play**: play activities naturally include touch. People of any age who are at early levels of development are likely to be quite tactile and physical.

For **therapy**: (e.g. child 2 child peer massage, sensory stimulation, physiotherapy, rebound therapy etc.) provided either by the therapist or by another member of staff carrying out a therapy programme or following therapy advice.

For **emotional reasons**: to communicate affection and warmth, to give reassurance and to communicate security and comfort. To enable the person to develop understanding of these positive emotions and the ability to communicate them.

For the **purposes of care**: touch is necessary in order to carry out personal care for many of the people we support (see Policy on Intimate Care).

**To give medical and nursing care.**

To **give physical support**: to people who have physical difficulties (e.g. transfers in and out of wheelchairs) and in order to **guide** people between places, rooms or activities (see Moving & Handling Policy).

To **protect** children and young people from danger by physically intervening and managing challenging behaviours including the use of restraint, while following the recognised guidelines and policies of Oakwood Academy (see policies on Physical Intervention and Safeguarding Children and the individual's Behaviour Management Guidelines).

## Guidelines

Staff need to be clear and open about why they are using touch and be able to explain their practice. There must be clarity and transparency in issues of touch. Wherever possible, a description and rationale for physical contact and the details of it should be documented in the young person's care/behaviour plan following discussion with parents and other relevant people.

The use of touch should be discussed openly and regularly between staff. People of any age can want and need physical support / touch. Staff are often concerned about the issue of age-appropriateness; however, **the developmental age and emotional and communication needs of the individual are far more important than actual age.**

While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration.

As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.

Staff should be sensitive to any changes in the young person's behaviour (e.g. overexcitement or negative reactions) that might indicate the need to reduce or withdraw touch; particularly during play or intensive interaction. Significant changes in behaviour should be clearly recorded.

The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any child or young person. Attention should always be given to ensure that both parties are happy with this.

Staff must be aware of potential hazards in respect of sexual issues:

- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with

- The young people we support may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded.

It is *never* appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care (see policy on Intimate Care).

If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with the Lead Person for Child Protection.

Staff should be aware that there have been many instances of abuse perpetrated in residential care establishments. The best method of prevention is transparency, openness and teamwork, and staff should try to monitor and assist each other in carrying out their work.

## **Conclusion**

Touch is necessary and desirable as part of the development, emotional wellbeing, care, education and quality of life of the people we support.

This policy outlines when this may be needed and gives staff the direction and security for this to occur positively and productively, while still protecting the people in our care.

## **Fundamentals of Communication:**

- enjoying being with another person
- being able to attend to that person
- concentration and attention span
- carrying out sequences of activity with the other person
- taking turns in exchanges of behaviour
- sharing personal space
- using and understanding eye contacts
- using and understanding facial expressions
- using and understanding physical contacts
- using and understanding non-verbal communication
- using vocalisations with meaning
- learning to regulate and control arousal levels

## CONNECTING POLICIES FOR SAFEGUARDING PURPOSE

If you are worried about a child or young person (in relation to issues listed below) or have any concerns or questions regarding Child Protection refer to the Designated Safeguarding Lead or Deputy DSL.

## LIST OF SAFEGUARDING/CHILD PROTECTION ISSUES

child missing from education : child missing from home care : child sexual exploitation (CSE) : bullying including cyber bullying : domestic violence : drugs : fabricated or induced illness : faith abuse : female genital mutilation (FGM) : forced marriage : gangs with youth violence : gender based violence against women and girls (VAWG) : mental health : private fostering : preventing radicalisation : sexting : teenage relationship abuse : trafficking.

**From DfE, Keeping children safe in education: September 2019**

Oakwood Academy believes it is very important that all the Safeguarding Policies are read in conjunction with one another to quickly identify and take any necessary and appropriate action to help prevent children and young people up to 18 years of age being at risk of harm.

**MORE INFORMATION VISIT:** NSPCC.org.uk: TES & NSPCC safeguarding: GOV.UK keeping children safe

**SAFEGUARDING CONNECTING POLICIES** (situated on the Oakwood website) [www.oakwoodacademy.co.uk](http://www.oakwoodacademy.co.uk)

Safeguarding & Child Protection Procedures

Attendance

Behaviour & Restrictive Physical Intervention

Anti-Bullying

Anti-Radicalisation

Anti- Cyber Bullying

Anti- Racism

FGM

SRE

SMSC

Health & Safety

e-safety

ICT and Computing

Safer Recruitment

Care/Intimate Care/Administration of Medication /Touch

First Aid

Drugs

PSHE

Trips & Visits (EVOLVE)

Lone Worker

Whistleblowing

## THE GOVERNORS AGREEMENT TO POLICY

Signed (Chair of Governors) ..... Date .....

The Safeguarding Policies are up-dated yearly or as necessary depending on new statutory guidance or legislation.