Highams Park Academy Trust

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Policy and Information Report for Supporting Students with Medical Conditions Including Mental Health Conditions

This policy applies to all teaching and support staff

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Highams Park
Academy Trust

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1. Purpose of the policy

1.1. The school has a duty to make arrangements to support students with medical conditions access education. The school has regard to guidance issued by the Secretary of State, 1 September 2014 entitled "Supporting pupils at school with medical conditions".

1.2. The aim of this policy is laid out in the statutory guidance i.e. "to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential".

2. Key points

2.1. The school will liaise with, and take advice, from medical professionals with regard to the needs of any individual child; it will work closely with parents and students to support full access to education.

2.2. All children must receive a full-time education, unless this would not be in their best interests because of their health needs

2.3. The key focus is the needs of each individual child, and how their medical condition impacts on their school life.

2.4. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

2.5. Staff training should ensure that the school can provide the educational support students need and appropriate support for their medical condition.

2.6. No child with a medical condition should be denied admission or prevented from taking up a place in school on the grounds that arrangements for their medical condition have not been made. However, where admission or attendance would place others at unnecessary risk (e.g. infectious diseases) then the child does not have to be accepted in school.

3. Identification of students with medical needs

3.1. The school gathers information from parents on any medical conditions as part of the entry information, with annual opportunities for the updating of these. In addition, parents are asked to inform the school of any changes or concerns with regard to medical conditions as soon as these are known. The school consults with medical professionals in instances where conditions require immediate intervention or special arrangements to ensure the safety and support of the student.

4. Notifying staff

4.1. Students with medical conditions are placed on the school's medical information list, and a summary of information and action needed is held by the School Welfare Assistant. A list of those with serious conditions is also circulated to all staff termly (or more frequently as required in the event of any significant change). This information is also provided for any school trips or visits, together with advice on actions to be taken in the event of any problem. Staff are also informed of any incidents or infectious illnesses which could affect staff health (e.g. German Measles).

5. Taking part in the full range of school activities

5.1. Where there are concerns about a student taking part in an activity, a risk assessment takes place to see what actions can be taken to minimise any risk and support as far as is possible the full involvement of the pupil. If the risk cannot be reduced to an acceptable level despite medical advice being sought and all reasonable steps being taken, then the child's safety is placed as the first consideration.

6. Health Care Plans

6.1. These are developed and monitored with support from medical professionals as appropriate for the child's condition and where this is advised on medical grounds (which includes intimate care - see Appendix). The School Welfare Assistant monitors these with the aid of the attached School Nurse as appropriate. Plans are kept readily available by the First Aiders, and a copy is provided for the emergency services in the event of any emergency call.

6.2. Plans are agreed with parents, pupils and health professionals; these are reviewed in the event of any concern raised by parent or a change in the medical information or seriousness of the condition. The School Welfare Assistant usually completes these forms with the parents and the student.

6.3. Where a student is competent to manage their own health needs and medicines, this is both encouraged and recorded in the Health Care Plan. Where immediate access is needed, these medicines are carried with the student; otherwise, the school medical room holds them.

6.4. Any re-integration of a pupil into school after hospital or alternative provision may need additional support, arrangements for which are kept with the health care plan for the duration of the re-integration or added to the health care plan if this is a long term requirement. Home and Hospital Tuition Service is involved as appropriate.

6.5. Health plans include:

6.5.1. Medical conditions, its triggers, signs, symptoms and treatments

6.5.2. Students' resulting needs

6.5.3. Level of support needed, together with any self-medication and monitoring arrangements

6.5.4. Who will provide support, and the training needs etc., together with cover arrangements

6.5.5. Who in the school needs to be aware of the child's condition and the support required

6.5.6. Arrangements for written permission from parents for medication to be administered by a member of staff or self-administered. The Welfare Assistant confirms any arrangements, consulting with the School Nurse as needed, if any additional training is required.

6.5.7. Arrangements for school trips or other extra curricular activities that ensure the child can participate

6.5.8. W here confidentiality issues are raised by the parent/child, those to be entrusted with the information

6.5.9. Emergency arrangements, including contact and contingency.

6.5.10. Specific support for the student's educational, social and emotional needs (eg catching up, how absences will be managed, extra time arrangements for examinations, counselling sessions etc) is arranged by the HoY and SENCO; given the need to be flexible and to react quickly, this is not formalised on the Health Plan, but kept separately by the pastoral team. The school is responsive to any raised concerns.

7. *Roles and responsibilities*

7.1. **Trustee Body**: Ensuring a policy that clearly identifies roles and responsibilities; ensuring arrangements to support students with medical conditions in school; ensuring staff receive appropriate training and are competent in this training before supporting students with medical conditions.

7.2. **Principal**: Ensuring policy developed and effectively implemented. This to include ensuring: procedures in place for completion of Health Care Plans as needed; relevant staff aware of students' medical needs; relevant staff trained to the necessary level of competence; commitment to supporting students to access full-time education and related opportunities.

7.3. **North East London NHS Foundation Trust School Nurse**: Medical specialist provided by NELFT to provide medical advice for the school in dealing with various conditions liaising with other medical professionals as necessary; providing training as required to support Health Care Plans; drawing up of Health Care Plans for the individual in consultation with the parents/carers, student and school or advising the school of how to do this; notifying the school when a medical condition is diagnosed for a student in the school's care. The NELFT School Nurse is not based at Highams Park School.

7.4. **Parents:** To provide the school with sufficient and up to date information about their child's medical needs; contribute to the Health Care Plan; carry out action agreed as part of this plan (e.g. provision of medicines or other equipment)

7.5. **Students**: Need to alert the school to any medical concerns during the school day and contribute to the health care plan, following agreed arrangements regarding medication or other medical arrangements put in place to support them

7.6. **School staff**: Awareness of needs and what to do in the instance of a medical need or emergency; commitment to supporting students with medical conditions to access full education and related opportunities.

7.7. **Highams Park School Welfare Assistant**: Awareness of the medical needs of students, ensuring these are recorded and communicated; liaising with parents, school staff and year teams re needs, conditions and any medical action and/or support needed. Ensuring training is up to date, and any additional need flagged up with the School Nurse. Familiarity with Health Care Plans and ensuring their response to emergencies is in line with these and school policies. The Highams Park School Welfare Assistant is based at Highams Park School.

8. *Staff Training*

8.1. The NELFT Nurse advises the school on training needs for the conditions of students on its roll. He/she will often provide the training, certifying when this is complete, or will advise where the training can be found. Similarly, the School Nurse will advise on any appropriate equipment for the school to hold and associated training.

8.2. First Aiders including the Highams Park School Welfare Assistant will receive a wide range of training; at times, it is necessary that other school staff in contact with the child need emergency training e.g. In the use of an Epipen. This is provided as part of the annual training and/or guidance and is also provided on the school VLE. A log of training is kept for individuals.

8.3. Where certain prescription medicines or health care procedures are required, appropriate training MUST be given first; a first aid certificate in itself does not count as appropriate training. The appropriate health care professional will then authorise competency in the member of staff concerned eg certificates for Epipen or Buccal Midazolam, or writing to confirm training successfully completed eg epilepsy, diabetes.

8.4. The school funds an educational psychologist and also a NELFT Primary Mental Health Worker specifically to provide support for students with their mental health and also provide training for staff on supporting students with mental health conditions.

9. *Feeling unwell at school*

9.1. It should be noted that, where students with medical conditions feel unwell at school, then staff should follow advice given regarding their condition. This generally falls into the alternatives below

- send for the School Welfare Assistant immediately, letting them know the student's name so they can bring any necessary items OR

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- send the student to the School Welfare Assistant, ensuring they are accompanied by a suitably responsible individual.

10. Continuity of Education

Response to Absence due to Health Need – where a student's attendance is such that learning is being lost a referral to the LBWF Hospital Home Tuition Service if 15 days of continuous or cumulative absence has occurred and ratified by the relevant NHS consultant's letter. Where identified mental health issues are resulting in lost learning the referral will still be made but other strategies such as those outlined below will be put in place as well.

Level 1 Emerging Health Needs

(from this point on HCP must have been completed for all young people whose access to education is restricted due to Medical Need)

- Parents and School meet to discuss need and duration
- Ensure young person is known about by all staff
- Provision made for young person to catch up on work missed

Level 2 Additional Health Needs

- Named staff member for contact
- Identified space in school for rest / self-regulation
- Plan for non-attending days
- Plan for work catch up and prioritisation
- Enhanced pastoral offer
- Review meetings planned
- Timetable review
- Key contact with medical lead established
- Refer Reduced Timetable to LBWF Education Inclusion Officer
- SEMH BACME and/or CAMHS referral

Level 3 Severe Health Needs

- If student is attending inpatient school ensure links are maintained assuming eventual return
- If student is at home, ensure contact with qualified teacher at agreed intervals
- Pastoral support agreed HCP completed involving LBWF Education Inclusion Officer to support review meetings

School will make every effort to engage parents to maximise continuity of education provision.

11. Unacceptable practice

11.1. The school does not condone:

- barring access to medically needed equipment or medicine
- treating all students with the same condition in the same way, ignoring individual situations or needs
- ignoring medical condition (though the school will challenge where this is unclear, seems contradictory to other information, etc)
- sending students home for medical conditions, unless this is clearly a health need
- sending students who report feeling unwell to the school welfare assistant's room unaccompanied where they have medical conditions, or whether the symptoms indicate any risk
- preventing students from drinking, eating or taking toilet breaks where this is needed to manage their medical condition
- requiring parents/carers to attend school to administer medication or provide medical support
- putting unnecessary barriers in the way of a child participating in any aspect of school life eg requiring parents/carers to accompany a child on a school trip.

12. Insurance

12.1. The Trustee Body ensures that the school is insured in line with DfE expectation and appropriately reflects the level of risk associated with its functions. These insurance arrangements are available for inspection by staff and cover staff carrying out a range of duties. Where individual cover is needed to be arranged for any specific health care procedures, the school will duly organise this.

13. Complaints

13.1. In the event of a concern or complaint about the support provided and/or arrangements made for students with medical conditions then parents/carers are encouraged to raise this with the relevant staff members to look for an early resolution.

13.2. Where this does not resolve the matter, parents may raise the complaint using the school's complaints procedures, addressing their complaint to the Principal.

Appendix 1 – Administration of Medicine

Medicines required by students during school hours may be administered/supervised by the School Welfare Assistant/teacher/trained first aider acting in loco parentis provided the following procedure has been followed: -

(i) A Healthcare Plan or clear written instructions are provided by the parent/carer requesting that medication be given at school and that such medication is necessary during school hours. Details of the drug should include dosage, the time and method of administration, and the frequency of dosage if appropriate, e.g. asthma inhalers. It should also include the expiry date of the medicine and any side effects the medicine might have. The responsibility for providing any side effects information to the school rests with the parent. Changes in medication should be notified immediately by parent/carer to the school.

(ii) The medication should be in a container clearly labelled with the child's name and tutor group. If the medication is a prescribed medicine, the medicine must be given to the school in the container in which it was dispensed by the pharmacy and must include the dispensing label.

(iii) All medications should be stored in a secure appropriate place not accessible to children; unless an agreement has been reached between parent/carer and school for the child, e.g. to carry his/her own asthma inhaler/epipen.

(iv) A written record should be kept on the Daily Medical Record for each child taking medication at school specifying the name of drug, dosage, and time of administration,

(v) Any queries regarding the appropriate administration of medicines should be referred to the parent. The appropriate School Nurse or Specialist Practioner is also a further source of general guidance. Further policy guidance is also available in the Managing medicines in Schools and Early Years Settings (DfES 2005).

(vi) Staff agreeing to administer the Epipen, or Buccal Midazolam (for epilepsy), require annual training from the school nursing service.

The advice given above relates in the main to children suffering from chronic conditions, e.g. asthma, epilepsy, anaphylaxis. Where a child is suffering from an acute condition, such as a cough, parents/carers should be advised to ask for a prescription which can be administered outside school hours. This is now possible with modern forms of medicine and should obviate the need for schools to administer medicines during school hours in these circumstances. The doctor's advice on a return to school should be followed. However, on the rare occasions this is not possible medication can be held and administered on a temporary basis e.g. antibiotics requiring more than 3 doses a day. Written instructions as detailed in (i) must also be provided.

All teachers are in 'loco parentis' when in charge of any group of children, on or off site, and it is reasonable to expect that they would undertake duties which would be carried out by any caring parent, bearing in mind the safeguards afforded by the form of written request suggested in this policy note. However, any teacher whose religious convictions would prohibit them from administering medicines should communicate this fact to the Principal.

Appendix 2 - Accidents and illness of students, staff or visitors

Serious Accident or Illness

1. In the event of a serious accident or illness an ambulance should be summoned by dialling 999. If anaphylaxis is suspected, a paramedic ambulance should be requested as these carry adrenalines. Unless the situation is life threatening, the 999 call would be done by the School Welfare Assistant. A clear indication should be given as to why and where the ambulance is required. The time of the emergency call should be noted.

2. While this is being done, arrangements should be made for the casualty to receive emergency treatment from the School Welfare Assistant or a person qualified in first aid where available. A list of suitably qualified members of staff is held.

3. A member of the school staff should wait at an appropriate point to direct the ambulance crew to the patient.

4. Where emergency action has been taken for a child, the parents should be informed and asked to take over responsibility for the child. (See also Points 5, 6 and 7).

5. A member of the school staff will accompany a child taken from school by ambulance if a parent or other responsible adult is not available.

6. The circumstances of the injury or illness should be reported at the hospital. Any further relevant information on the child's medical history should also be given if possible, e.g. epilepsy, allergy to certain drugs, etc.

PARENTAL CONSENT TO TREATMENT

7. Where it is necessary for a student to be seen by a doctor and/or hospital staff because of a serious accident or illness, the medical service may require parental consent before surgical or medical treatment is given to a student who is under 16 years of age. It should be made clear as to what measures have been taken to contact the parents and their telephone number and address should be given (preferably in writing) to the hospital staff.

OTHER ACCIDENTS OR ILLNESS

8. When it is felt that medical opinion is needed for a child injured or taken ill at school, advice should be sought via the NHS advice service or the child's GP. School nurses can also advise on some issues. If in any doubt, medical advice will be sought via the Accident and Emergency department.

9. A child who is taken ill at school, or who cannot continue working at school as a result of an accident, may be returned home, but only when satisfactory arrangements have been made with the parents.

10. No member of staff may take a child off site until permission has been given by a member of the Leadership Team.

RECORDING AND REPORTING OF ACCIDENTS/ILLNESS

11. All contact with the school first aiders (based in the school medical room) is logged with brief details of any symptoms or injury noted, together with any contact with parents/carers. Staff treatment is also recorded.

12. In addition, injuries where there is an indication of misbehaviour by other students will be referred to the Pastoral team for investigation. Records of any investigation and their outcome will be kept by the Pastoral team and on SIMS. Where students do not report any such incident, nor parents, then no investigation for disciplinary reasons can be undertaken.

Accident reports will be completed and passed to the appropriate Health and Safety Unit in the following circumstances:

- Where a student needs external medical/dental treatment or emergency intervention
- Where the nature of the injury is such that a student's parents are immediately called and the student is taken home
- All head injuries
- All burns/scalding
- Where there has been a failure of equipment or where an item of furniture/building structure has caused injury
- Where the student's property is damaged due to failure of school equipment or furniture
- Student accidents which are indicative of a failure in health and safety controls.
- Any incidents involving injury to staff

13. Accident reports will also be completed in the following circumstances:

- Any injury that is suspected may need medical intervention or is later reported as such
- Where students indicate a minor accident was due to the site environment

14. In addition, near misses which are indicative of a failure in health and safety controls will also be logged on an accident form.

Highams Park Academy Trust

Appendix 3 - Intimate Care Policy

Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education Sept 2024 to safeguard and promote the welfare of pupils[1] at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs and Disabilities policy

1.5 Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

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1 Reference to 'pupils 'throughout this policy includes all children and young people who receive education at this establishment.

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

4.4 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

4.5 These records will be kept in the child's file and available to parents/carers on request.

4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.7 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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

4.9 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.11 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.13 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.14 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research[2] which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above

can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.15 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

2 National Children's Bureau (2004) *The Dignity of Risk*

4.16 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.17 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Child Protection

5.1 The Trustees and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Principal. A clear written record of the concern will be completed and a referral made to
Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Principal. The matter will be investigated at an appropriate level (usually the Principal) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Principal (or to the Chair of Trustees if the concern is about the Principal) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Principal or to the Chair of Trustees, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.