Purley Partnership Federation

Purley Nursery School
Achieving and growing together

Christ Church Primary School
Nurturing lifelong learners with God's guidance

Combined Medical Policy

Written May 2023, to be reviewed May 2026

MEDICAL NEEDS POLICY

Procedure to be followed when notification is received that a pupil has a medical condition

Individual healthcare plans

Individual healthcare plans (HCP) can help to ensure that schools effectively support pupils with severe and life-threatening medical conditions. Plans will be reviewed at least annually or earlier if the child's needs change.

When writing an HCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- the level of support needed, including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- what to do in an emergency, including whom to contact, and contingency arrangements. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany the child taken to hospital by ambulance.

The Governing board will:

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission to school because arrangements for their medical condition have not been made.

- understand that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. In line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.
- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 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.

The Executive Headteacher will:

- ensure that policies are 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.
- ensure that all staff who need to know are aware of the child's condition
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- contact the school nursing service (mainstream schools) or special school nursing service (special schools) 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.
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (please see annex B for further details).

School nurse or other qualified healthcare professionals will:

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.
- The school nursing service has a duty phone number for enquiries relating to training or health care plans and can be contacted on 020 8274 6391

Liability and indemnity
The governing board will:

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see annex B for further details)

- ensure insurance policies provide liability cover relating to the administration of medication. Individual cover may need to be arranged for any healthcare procedures. The level and scope of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, must be made clear and.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- refuse emergency treatment to a child despite not being first aid trained. It is more harmful to do nothing than to try to assist in an emergency.
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The AHT Inclusion will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

ADMINISTRATION OF MEDICINES POLICY

Summary of Procedures

- Permission to dispense medication form **must** be completed by the parent / carer
- Medicine must be in original packaging clearly marked with name of child, class and dose to be administered
- Recommended / prescribed dose will **not** be exceeded without written permission from a medical professional
- It will be the parent / carers responsibility to collect medication at the end of each school day where necessary
- Medication being taken out of school on trips or visits must be taken on the trip and be the responsibility of a member of staff at all times
- All medicines should be stored in the school office and and can be easily found by all members of staff
- All staff must follow basic hygiene procedures when administering medication

Management and Organisation

Parents must always complete an Administrating Medicines Form available from the school office. These forms must give the child's name and class, clear instructions on the dose to be administered to the child, the time to be given and for what period. Medication **must** be in its original packaging including the prescriber's instructions. Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional. The form should be signed by the parent or guardian and retained in the school office for reference by staff involved. **Parents must notify the school in writing of any requests to administer non-prescribed medication.** In the case of chronic illness or disability, i.e. asthma, diabetes, syndromes such as ADHD etc. pupils may need to take prescribed drugs or medicines on a regular basis during school hours in order to lead a normal life within a mainstream school setting. **It is the responsibility of the parent to ensure that all medicines are renewed and that the medication has not exceeded its expiry date.**

Taking Medication on School Trips

It may be necessary to take medication for pupils on a school trip, i.e. Epipen, Inhalers or Epilepsy emergency medication. It may also be necessary to take copies of any relevant Health care plans in case of emergency. Emergency medication **must** be taken on all trips, even where a trained member of staff is not present.

Inhalers for Asthma	Antibiotics	Diabetes
Should be kept in the school office for EYFS, KS1 pupils and with the child for KS2 pupils. Adult to support child's use including those with a spacer if required. Staff to be aware of children with asthma in their classes. Emergency spare inhaler is available in the school office.	A Permission to Dispense form should always be completed giving full instructions for administration of the medicine. **It is the responsibility of the parent to ensure that the medication is collected each day and is not out of date.**	Blood sugar results will be recorded daily and noted accordingly. Pupils with diabetes **must not** be left unattended if feeling unwell, or sent to the office unaccompanied. Sharps boxes should always be used for the disposal of needles. Sharp boxes can be obtained by parents / carers from the child's GP or Paediatrician and returned to the parents/carers when full for replacement.
Maintenance Drugs	**Epipen**	**Midazolam**
A child may be on daily medication for a medical condition that requires a dose during the school day. A record of all doses administered will be kept.	Should be kept in the school office. All adults to be aware of how to administer.	Should be kept in the school office. All adults who work with the child to be aware of how to administer.

Emergency Procedures

In the case of emergency, the school will call an ambulance and contact the parents. When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Only under extenuating circumstances with parental permission should staff take children to hospital in their own car - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

FIRST AID POLICY

Management of first aid

Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. **In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.**

Qualifications and training

All first aiders must hold a relevant current certificate that has been obtained through attendance on a training course run by an approved organisation. Staff are trained by an external provider which lasts for 3 years. There must be a sufficient number of first aiders strategically located to ensure that first aid treatment will be provided quickly in an emergency.

Contacting first aiders

If there is a medical emergency and a first aider is not present, the class teacher is responsible for raising the alarm by sending for help and ensuring that help is sought quickly. **All staff are expected to be aware of children and staff with severe medical needs and respond in the event of a medical emergency including administering emergency medication such as Epipens if the alternative to not doing so would mean a risk to the person's life. Urgent treatment must not be delayed in order to consult with parents or carers or SLT.**

Head bump notification

Children often bump their heads without further consequences but parents must be informed about head bumps so that they can look out for signs that the injury could be more serious. **All parents of children with a face or head injury, however minor, must be notified** via medical tracker at Christ Church School. All head bumps at Purley Nursery School are reported to parents directly via phone and recorded on a medical form, which is signed by both the parent and the first aider.

Pupils with medical conditions

First aiders will need to be informed if a pupil with a medical condition is likely to need special emergency treatment. Pupil health care plans must be available to first aiders, and a copy must be provided to any medical practitioner providing emergency medical aid.

Defibrillators in School

Christ Church School has purchased a defibrillator in accordance with government guidance. The defibrillator can only be used in the event of cardiac arrest and can be adapted for children and adult use.

Hygiene and Infection Control

First aiders must follow their training and maintain good standards of infection control. **First aiders must use gloves and other protective equipment to safeguard themselves and the child.**

Record Keeping

All first aiders at Christ Church School must ensure that a record is made of all first aid treatment they give via Medical Tracker. At Purley Nursery School all injuries and first aid treatment given is recorded on medical forms. These are signed by both the administering first aider and parent on the day of the injury.

These will include:

- the date, time and place of the injury or illness occurring
- the name of the injured person
- details of the injury or illness and what first aid was given
- what happened to the person immediately afterwards, for example, sent home, sent to hospital
- the name of the first aider or person dealing with the casualty

Guidance on First Aid Kits

First Aid kits are available from the school office and staff room (Christ Church School) and the Hygiene Room (Purley Nursery School). First Aid kits must be taken on schools trips for both schools and available in the hall and at break and lunch times Christ Church School). First Aid bags are also located in each nursery classroom and at all exit doors to the outdoor area. **Do not keep antiseptic creams, lotions, or any type of medication or drug in a first aid kit.**

INTIMATE CARE POLICY

All children at Purley Partnership Federation have the right to be safe and be treated with dignity, respect and privacy at all times. This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with our Safeguarding Policy, Whistleblowing and Medical needs Policy.

Under no circumstances should a volunteer/ student/ visitor or staff member not holding a current DBS clearance provide intimate care for a child/ children.

Equality Act 2010: Definition of Disability

The Disability provisions in the Equality Act mainly replicate those in the Disability Discrimination Act. This provides protection for anyone who has a physical, sensory or mental impairment or medical condition that has an adverse effect on his/her ability to carry out normal day-to-day activities. It is **unacceptable** to refuse admission to other children who are delayed in achieving continence.

Purley Partnership Federation will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to participate in day-to-day activities
- No child with a named condition that affects personal development will be subjected to discrimination
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parent or carer due to incontinence unless in exceptional circumstances
- Adjustments will be made for any child who has delayed incontinence

Intimate Care Tasks – covers any task that involves dressing and undressing, washing (including intimate parts), helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents and Carers – The AHT Inclusion will work in partnership with parents and carers to provide care appropriate to the needs of the individual child. This may require a care plan. If a care plan is required the relevant information should be outlined as below:

- What care is required
- Additional equipment required (nappies, wipes, bags, gloves, catheters, lubricant)
- Child's preferred means of communication (e.g. visual, verbal)
- Child's level of ability i.e. what tasks they are able to do by themselves
- Cultural or religious sensitivities related to aspects of intimate care

At Christ Church School Parents are notified at the end of the school day if their child has received intimate care from a member of staff.

At Purley Nursery School, parents/ carers are made aware that their child has been changed or received intimate care through the collection of bagged clothes or changing items. Due to the age and stage of the

children, staff would arrange to discuss their concerns regarding intimate care or self-help skills only if there has been a notable change in progress or increased frequency in changing or intimate care needs.

Training – For more complex cases, staff must undergo training to assist children with specific conditions such as a Suprapubic catheter to ensure they are able to support the child's needs in school.

No child should become distressed as a result of receiving intimate care.

If an adult is required to lift a child because of their intimate care needs a risk assessment must be written. This will prevent injuries to both the educator and child.

When intimate care is given, the member of staff will explain fully each task that is carried out and the reasons for it. This is to reassure the child and support their understanding and awareness of the support being provided. Staff are to encourage children to do as much independently for themselves as they can to develop their self-help skills.

No staff member should carry out intimate care without communicating this to or without the presence of another adult.

At Purley Nursery School, if a child needs to use the changing table located in the medical room, staff should notify another adult they are providing intimate care and ensure that the door remains open.

At Christ Church School, if a child requires intimate care they will be encouraged to change themselves independently. If they require assistance, 2 staff support them and try to talk the pupils through the steps to care for themselves.

Dealing with bodily fluids – Urine, faeces, blood and vomit will be cleaned immediately and disposed safely and hygienically. When dealing with bodily fluids, staff must wear protective clothing (disposable plastic gloves and aprons) and wash themselves thoroughly afterwards. Soiled children's clothing will be double bagged and put in an agreed place (such as the child's bag) for the parents and carers to collect*, with parents being informed of this at collection.* Other children in class will be kept away from the affected area.

All staff maintain high standards of personal hygiene, and will take all practical steps to prevent and control the spread of infection.

Health & Safety

Toilet areas will be maintained to a high standard by cleaning staff. They will be monitored by all staff during the session and cleaned when necessary. Children will be expected to use the toilets as normal unless specific aids are required.

Appendix A

PARENTAL CONSENT FOR INTIMATE CARE SUPPORT AT CHRIST CHURCH SCHOOL

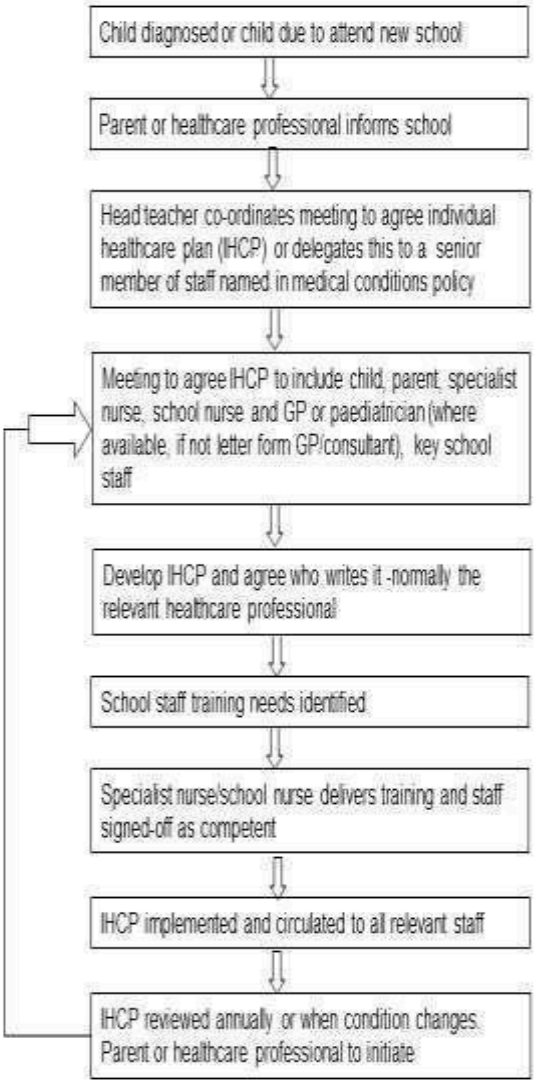
I understand that:

- I give permission to Christ Church Primary School to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting;
- I will advise the Inclusion Manager 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 Christ Church Primary School 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.

Parent or Carer Name:	
Signature:	
Relationship to child:	
Date:	
Child's Name:	
Class:	
Date of birth:	
Contact details:	

Appendix C: model process for developing individual healthcare plans


Child diagnosed or child due to attend new school
Parent or healthcare professional informs school
Head teacher co-ordinates meeting to agree individual healthcare plan (IHCP) or delegates this to a senior member of staff named in medical conditions policy
Meeting to agree IHCP to include child, parent, specialist nurse, school nurse and GP or paediatrician (where available, if not letter form GP/consultant), key school staff
Develop IHCP and agree who writes it -normally the relevant healthcare professional
School staff training needs identified
Specialist nurse/school nurse delivers training and staff signed-off as competent
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Appendix D: Delivery of interventions to meet pupil's medical needs: Insurance and liability

Teachers and teaching assistants may be involved in the delivery of certain medical interventions, where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/ postural support
- Seizures
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in such circumstances, the Governors have sought advice from the DfE Risk Protection Assurance , to gain assurance for all our staff in whatever actions they carry out within their role.

Insurance

RPA maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process, whereas Academies are not. The council's insurance team and the DfE RPA team have confirmed that employees are covered for actions they undertake on behalf of the council/school, unless they deliberately undertook a negligent act or acted in an unreasonable manner.

The underwriter for the Council/RPA and School's insurance has advised that the liability policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube, and the application of appliances or dressings, and any other 'non-invasive' medical procedures.

Schools and staff need to be aware of the following:

1. Staff would need to be fully trained (for example by the Special School Nurse Team) before undertaking a medical intervention,
2. Parental consent would need to be gained in writing,
3. Records of staff training and parental consent must be kept on file by the school for insurance purposes.