



# Parklands Community Primary School

## Supporting Pupils with Medical Conditions

**Date of Approval :** 28th March 2023

**Review Date :** Spring 2024

**Reviewed by :** FGB

**To note**

This follows the guidance from the DfE on Supporting pupils at school with medical conditions, and uses the WSCC Medicines in school policy and WSCC administering medicines templates. It also amalgamates the following Parklands Policies:-

- First Aid Policy
- Intimate Care Policy
- Asthma Policy

## **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Parklands Community Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

The Governors and Headteacher of Parklands Community Primary School accept their responsibility under the Health and Safety (First Aid) regulations 1981 and acknowledge the importance of providing First Aid for employees, children and visitors within the school.

The Governors are committed to the authority's procedure for reporting accidents and recognise their statutory duty to comply with the Reporting of injuries, diseases and dangerous occurrences regulations 1995.

### **Statement of First Aid Organisation**

The school's arrangements for carrying out the policy include:

- Placing a duty on the Governing body to approve, implement and review the policy
- Placing individual duties on all employees
- Reporting, recording and where appropriate investigating all accidents
- Recording all occasions when first aid is administered to employees, pupils and visitors
- Providing equipment and materials to carry out first aid treatment
- Making arrangements to provide training to employees, maintain a record of that training and review annually
- Establishing a procedure for managing accidents in school which require First Aid treatment
- Providing information to employees on the arrangements for First Aid
- Undertaking a risk assessment of the first aid requirements of the school

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Signed

Chair of Governors

Date \_\_\_\_\_

## **MEDICINES -**

### **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Parklands Community Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Lead for Managing Medicines at Parklands Community Primary School is Kelly Harvey or in their absence Claire Tunnell. In their duties staff will be guided by their training, this policy and related procedures.

### **Implementation monitoring and review**

All staff, governors, parents/carers and members of Parklands Community Primary School will be made aware of and have access to this policy. This policy will be reviewed biennially and its implementation reviewed and as part of the Headteacher's annual report to Governors.

### **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services for Schools under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

### **Admissions**

When the school is notified of the admission of any pupil the Admissions Officer will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/carer consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed this might include the development of an Individual Health Care Plan (IHP) or Education Health Care Plans (EHCP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils with medical needs**

The school will follow Government guidance and develop an IHP or EHCP for pupils who:

- Have long term, complex or fluctuating conditions or medication in emergency situations– these will be detailed using form found in Appendix I and Appendix II.

Parents/carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, Headteacher, SENCo, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

## **All prescribed and non-prescribed medication**

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/carer and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

## **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

## **Consent to administer medication**

Parental/carer consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/carer consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the pupil joins the school OR by contacting the parent/carer to gain consent at the time of administration (conversations will be recorded). The school will send termly reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1 or if applicable on the IHP)

## **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day and agreed with the Headteacher or **Assistant** Headteacher. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/carer informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

## **Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

All non-prescription medications will only be administered by staff, providing:

- the parent/carer confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 4 times per day;
- medication is supplied by the parent or carer in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/carer consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect.

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion;
- a request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/carers will be advised to contact their Doctor;
- skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures;
- medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/carers have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

#### **Short term ad-hoc non-prescribed medication**

- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/carer in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

#### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school will ask the pupils parent or carer to provide a second inhaler. Parents are responsible for this medication being in date and the school

will communicate with the parents if new medication is required and a record of these communications will be kept. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

### **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ carer(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### **Hay fever**

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must **NEVER** be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the First Aid Room. (Appendix 2 Template G)

## **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

## **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the first aid fridges located in the ground floor meeting room or the community room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see above.

## **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/carer for disposal.

## **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the First Aid room.

## **Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/carer will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

## **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the school's Senior Leadership Team who will immediately inform the pupil's parent/carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Leadership will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

## **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. School staff are trained as required on the administration of an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

## **Transport to and from school (Home School Transport)**

If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. With parental consent and following Data Protection Law the pupil's IHP or EHC will be given to those external companies and/or staff providing transportation to and from school, (Taxi, Mini Bus etc.) in order that the care plan can be passed to the ambulance crew in the event of an emergency.



### **Transport to hospital or home**

- A First Aider will determine what is a reasonable and sensible action to take in each case
- Where the injury is an emergency an ambulance will be called following which the parent/carer will be called. The Headteacher or Assistant Headteacher should be informed if such a decision has been made even if the accident happened on a school trip or on a school journey.
- Where hospital treatment is required but it is not an emergency, then the First Aider will contact the parents/carers for them to take over responsibility for the child
- If the parents/carers cannot be contacted then the Headteacher may decide to transport the pupil to hospital

Where the Headteacher makes arrangements for transporting a child then the following points will be observed:

- Only staff cars insured to cover such transportation that are fitted with an appropriate booster seat will be used
- No individual member of staff should be alone with a pupil in a vehicle
- The second member of staff will be present to provide supervision for the injured pupil

### **Educational Visits (Off - site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

### **Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

## **FIRST AID -**

### **Materials, equipment and facilities**

The school will provide materials, equipment and facilities. The first aid kits are kept in the medical bags in each classroom. These need to be stored where they are visible and easy to access. The contents of the kits will be checked on a regular basis by one of the First Aid and Work First Aiders.

### **Care Plans**

In some cases children will require care plans to be created by a First Aider, in conjunction with the parents/carers and the school nurse. Copies of these are kept in the Medical Room and in the Staff Room. In the event of an emergency, care plans should be shared with paramedics when appropriate.

### **Accident Reporting**

The Governing body will implement the LA's procedures for reporting:

- all accidents to employees
- all incidents of violence and aggression

The Governing body is aware of its statutory duty under RIDDOR in respect of reporting the following to the Health and Safety Executive as it applies to employees:

- An accident that involves an employee being incapacitated from work for more than three consecutive days
- An accident which requires admittance to hospital for in excess of 24 hours
- Death of an employee
- Major injury such as fracture, amputation, dislocation of shoulder, hip, knee or spine

For non-employees an accident will only be reported under RIDDOR:

- Where it is related to work being carried out by an employee or contractor and the accident results in death or major injury, or;
- It is an accident in school which requires immediate emergency treatment at hospital

For each instance where the Headteacher considers an accident to a visitor or pupil is reportable under RIDDOR the advice of the authority will be sought.

Where a pupil has an accident it will be reported to the LA.

All accidents to non-employees (e.g.) visitors which result in injury will also be reported to the authority.

### **Pupil accidents involving their head**

The Governing body recognise that accidents involving the pupil's head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Where emergency treatment is not required, a 'Head bump' letter will be sent home and a phone call/message to the child's parents/carers.

### **Infectious Diseases**

Pupils with infectious diseases must not be in school. The recommended periods for children to stay away from school are detailed on the Health Protection Agency posters which are on display in the Medical Room and in the School Office.

### **Head Lice**

The school will send a general alert letter to parents if there is a persistent outbreak. If live lice are identified during the school day, parents/carers will be informed by a First Aider and asked to treat the child. They may wish to remove the child from school for treatment. If parents/carers do not co-operate the headteacher will send a written request to parents/carers. If infestation reoccurs advice will be sought from the School Nurse.

### **Sun Safety**

Parents will be asked to provide sun hats and apply sunscreen before school. If parents have particular concerns about sun safety, arrangements can be made for children to bring sunscreen to school, providing:

- It is in cream or lotion form – no aerosols
- It is clearly labelled with the child's name
- Parents have signed a consent form
- Children apply their own sunscreen

Staff must consider sun safety when planning trips.

### **First Aiders**

The school has four First Aiders who have attended the three day First Aid at Work Course run by St. John Ambulance. A number of other staff are appointed persons. A list of First Aiders can be found in the Staff Room.

### **INTIMATE CARE -**

Parklands Community Primary School follows all advice and guidance available from West Sussex Services for Schools health and safety section.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of

child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Intimate care will only be carried out by school staff, all of whom have had an enhanced DBS check with a children's barred list check. No volunteers will be present or permitted to carry out intimate care.

For safeguarding reasons, staff who help with intimate care will make sure another member of staff is aware they are going to change a child and is in the vicinity and visible or audible.

Where moving and handling transfers are required, at least **two** members of school staff will be present at all times to ensure the safety of both staff and children.

A child's Individual intimate care plan will state which members of staff will be involved in changing of pads/toileting routine.

The school's safeguarding policy and the DFE document, 'Keeping Children Safe in Education' January 2021, and the advice from 'ERIC' have informed this policy.

Parklands Community Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Parklands Community Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

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

Staff who provide intimate care are trained to do so, as is relevant, (including Child Protection and Health and Safety training moving and handling where necessary) and are fully aware of best practice and child's individually planned risk assessment.

Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported by Moving and Handling professionals, Health Care workers and the SENCo to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

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

All intimate care will be logged and recorded using a 'toileting record'.

### **Developing a Care Plan**

A planning meeting with the relevant professionals e.g. SENCo, parents, OT, moving and handling specialists, first aider, relevant teaching assistants and school nurse is arranged for each child with intimate care needs, in order to develop a care plan. This meeting also identifies the staff involved in intimate care equipment, accommodation and support requirements (see pupil's Care Plan).

## **Hazards**

The main health and safety hazards when caring for children with intimate care needs are:

- Spread of infection
- Skin irritation
- Manual handling

Good hygiene must be used when changing incontinence pads or nappies and / or cleaning a soiled child, to reduce the risk of infection.

### **Do:**

1. Ensure you have all the equipment you need and access to water before you begin each nappy/pad change
2. Wash hands thoroughly before and after each nappy/pad change (including after disposal of nappy)
3. Wear latex-free disposable gloves. Use a disposable apron if required
4. Use disposable towels
5. Clean any surface that is soiled or touched during nappy/pad changing with a detergent solution (such as Milton). Detergents and disinfectants must be labelled clearly and stored securely, in accordance with COSHH regulations. 'Use by' dates must be adhered to as the product effectiveness diminishes over time. Disposable cleaning cloths should be used
6. Ensure the changing area is well away from food preparation areas
7. Store clean nappies/pads in a bag and away from the changing area to prevent cross-contamination

### **Do not:**

1. Use changing mats without protecting them with paper towels. Towels should be changed for every child and discarded after use
2. Use mats that are dirty or have broken or torn waterproof coverings
3. Return soiled waste to parents – this raises a dignity issue for the child and may lead to careless disposal of waste in the school grounds/local area

## **Appropriate Skincare**

Parents should supply the pads, towelling and nappies, wipes and other items to the establishment. Items should be listed in the health care plan. Change nappies/pads often, especially after soiling. It is important to keep the child's skin clean and dry. Rinse any soap away thoroughly because it may over-dry the skin and cause irritation. Be aware that scented wipes can cause irritation. If the pupil uses disposable nappies or pads, it is recommended by the product manufacturer that barrier creams are not used as these reduce the product's absorbency.

## **Manual Handling and Pupil Safety**

Adequate space and equipment is required for changing and cleaning children to avoid manual handling injury. The designated area must have sufficient space so that staff do not have to adopt hazardous postures when attending to a child.

Changing children on the floor should be avoided for staff's health and safety, for hygiene reasons and for the child's dignity. Children may be changed/cleaned in a standing position. Use kneeling pads if appropriate, when changing a child.

Children who are unable to stand should be changed on a height adjustable changing bed. The child should either climb on and off themselves or use appropriate equipment identified on their moving and handling risk assessment/care plan. Do not leave a child alone on a changing bed.

Staff should receive training in general manual handling and, if appropriate, in the pupil's specific handling requirements.

## **The Protection of Children**

Safeguarding procedures will be adhered to. Staff who help with intimate care will make sure another member of staff is aware they are going to change a child and is in the vicinity and visible or audible.

Where moving and handling transfers are required, at least **two** members of school staff will be present at all times to ensure the safety of both staff and children.

All intimate care procedures will be logged using an individual toileting record which is kept in the changing area.

All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection.

If during the intimate care of a pupil you accidentally hurt him/her, or the pupil seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something or has a very emotional reaction without apparent cause; report any such incident as soon as possible to the appropriate manager/designated person for child protection. Any accidental injuries must be recorded in the accident book. Some of these could be cause for concern about the pupil, or alternately the pupil or another adult might possibly misconstrue something you have done.

Parents are also encouraged to report any injuries or soreness which will be logged and recorded by school staff.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into immediately by the SENCo or appropriate member of the Senior Leadership Team and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

Pupils with a disability can be extremely vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare, but certain basic guidelines will

safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason, please talk to a member of the senior leadership team.

### **Out of school trips, clubs etc.**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour. At least two members of staff must be present during intimate care.

### **Soiling**

Parents are asked to let the school staff know if their child suffers from constipation and or soiling. An individual intimate care plan can then be written to support the child in the event of soiling. Within this plan, parental preference for what to do in the event of soiling will be clearly documented.

Parents can give their permission for their child to be cleaned by school staff or request that they are contacted to come into the school to shower and change their child, or take their child home.

In the event that a child has soiled themselves and requires further cleaning or changing than that which would normally be provided; staff should refer to the child's individual intimate care plan and seek advice from the school SENCo or member of the Senior Leadership Team.

Unless stated in the intimate care plan, school staff **must not** ask parents to come into school to change their child after they've wet or soiled themselves.

### **Menstruation**

Should a pupil at Parklands Community Primary School start their menstrual cycle, and require support in managing their needs, an Intimate Care Plan will be written by the SENCo with parents and the pupil if appropriate. For pupils with an existing Intimate Care Plan, adaptations will be made. All aspects of the current policy apply to the support of pupils whom are menstruating.

### **Dignity, Respect and Privacy**

Treat every pupil with dignity, respect and ensure privacy appropriate to the pupil's age and situation. Privacy is an important issue. At all times, intimate care will be carried out by familiar members of staff as detailed on the Intimate Care or toileting Plan with a second member of staff present, aware of intimate care taking place or in close proximity. Intimate care should never be carried out without another member of staff being aware and in close proximity. This must be balanced however with the privacy for the child when two people are present. Care and sensitivity should be taken by staff at all times to reduce the impact on the child. This may mean the second member of staff is simply present in the room, but does not intervene in the toileting. Cubicle doors must be closed as should the door to the toileting area, unless there is a specific agreement between the parent and the school. Staff must ensure that the door to the toilet being used is always unlocked.

Male and female pupils must not use changing areas simultaneously. There may be an element of discretion in the Early Years classes. Pupils must never share a toilet cubicle.

Staff must be aware that they are being monitored when carrying out intimate care of pupils. The physical conditions within the toilet area will make monitoring more discreet, for example, cubicle doors may be shoulder height so that adults can, if necessary, peer over the top whilst maintaining privacy for pupils. Staff should feel less vulnerable knowing that adults could enter the toilet area to observe at any time. Staff will keep a record of intimate care that has been undertaken. Staff should inform a colleague before and after undertaking intimate care.

Each pupil that requires intimate care will have a toileting or intimate care plan. All staff will be responsible for monitoring the intimate care of pupils. The SENCO will co-ordinate the intimate care of pupils.

It is more appropriate that female pupils are changed by female staff and that male staff do not come within close proximity of a female pupil in a state of undress, unless in exceptional circumstances. Should this happen it must be logged on the intimate care plan and brought to the attention of the Headteacher. School will also take into consideration parental and staff needs when devising and implementing intimate care plans.

#### **Involvement of the pupil as far as possible in their own intimate care**

Depending on the pupil's individual needs, staff will aim to involve the pupil in their own intimate care. Staff will try to avoid doing things for the pupil, that he/she can do alone and if a pupil is able to help, staff will ensure that they are encouraged to do so. If a pupil is fully dependent on staff, they will talk with them about what they are doing and give them choices where possible.

#### **Be responsive to pupils' reactions**

Where possible staff will check their practice by asking the pupil, particularly if they have not previously cared for them, for example, "Is it OK to do it this way?", "Can you wash there?". If a pupil expresses dislike of a certain person carrying out their intimate care, staff will as far as possible respect their personal preferences.

#### **Make sure practice in intimate care is as consistent as possible**

The school SENCO has responsibility for ensuring that staff have a consistent approach and this is achieved through regular monitoring and evaluation of the care plan. It is important that approaches are not markedly different between different staff.

#### **Never do something unless you know how to do it**

If staff are not certain how to do something, they are encouraged to ask and seek further support until they feel confident intimate care such as administering rectal diazepam must only be carried out by staff who have been formally trained and must be witnessed. If handling or lifting is required, staff should receive the appropriate training and a risk assessment will be carried out.

#### **Encourage the pupil to have a positive image of their own body**

Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a child's intimate care can convey lots of messages to them



about what their body is worth. Staff's attitude to the pupil's intimate care is important. Their experience of intimate care should be relaxed and stress free.

#### **COMPLAINTS -**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

# Appendix I: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


## Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


## Clinic/Hospital Contact

Name

Phone no.


## G.P.

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

# Appendix II: Inhaler Information



11 February 2022

Sample Parent

Sample Student (Year 1, Samples)

## Inhaler

# Parklands CP School - Inhaler Information

### My child requires an inhaler because

- My child has been diagnosed with asthma
- My child has seasonal asthma
- My child uses an inhaler when they are unwell (cold, chest infection etc.)
- My child no longer requires an inhaler in school

Child's name

Child's date of birth

Parent/carer name

Contact number

Contact number

Name of Doctor

Doctor's contact number

**Parklands Community  
Primary School**  
Durnford Close  
Chichester  
West Sussex  
PO19 3AG

Email:  
office@parklands.school  
Phone: 01243788630  
Website:  
[http://www.parklands.w-  
sussex.sch.uk](http://www.parklands.w-sussex.sch.uk)

Does your child know when they need their inhaler?

Yes

No

Does your child need help administering their inhaler?

Yes

No

What are your child's triggers? (things that make their asthma worse)

What are your child's symptoms when they require their inhaler?

Does your child need to take their inhaler before exercise?

Yes

No

Expiry date of medication

Expiry date

**Name:**

**Date:**

## Template A: Pupil Health Information Form

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Childs Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

Please complete if applicable

Has your child been diagnosed with or are you concerned about any of the following:

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Medication</b>
<p><b>Asthma</b></p> <p>NB:Parents of pupils with mild asthma must also sign an asthma protocol form (template 2 in Appendix 1) available from the school</p>			
<p><b>Allergies/Anaphylaxis</b></p> <p>NB:Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school)</p>			
<p><b>Epilepsy</b></p>			

<b>Diabetes</b>			
-----------------	--	--	--

Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

<b>Condition</b>	<b>Medication, emergency requirements</b>

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:

# Template C: parental consent to administer medication (where an

Individual Healthcare Plan or Education Healthcare Plan is not required)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

## Medicine

Name/type of medicine

*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

## Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--



Address

[agreed member of staff or school location]

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

**If this is a request to administer non-prescribed medication, please work with the school to complete Template C1 on the reverse of this form**



## Template H – Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child’s other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupils Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

If your child develops the relevant symptoms during the residential visit, with your consent they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return by *(insert method of communication)*.

Paracetamol brand .....

.....

Anti-histamine brand .....

.....

***Please tick the non-prescription medications that you give your consent for the school to administer their stock of during the residential visit.***

If you would like your child to be given travel sickness medication please supply medication suitable for their age and weight in its original packaging with the patient information leaflet

Travel sickness

***I give my consent for the medications ticked above to be administered by the school from their stock and confirm I have administered them to my child in the past without adverse effect.***

Signature(s) Parent/Carer

Date

Print name