




ACE Tiverton

Part of the ACE Schools Multi Academy Trust

Medicine & Supporting Pupils at School with Medical Conditions Policy

Issue	Date	Author/Reviewer Job Role	Comments	Signed by
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1. Introduction

- 1.1 Section 100 of the Children and Families Act 2014 places a duty on the governing body and senior leadership team to make arrangements for supporting pupils at ACE Tiverton with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
- 1.2 The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply ACE Tiverton with information.
- 1.3 This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our school website.

2. Policy Implementation

- 2.1 All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.
- 2.2 The overall responsibility for the successful administering and implementation of this policy is given to Hannah Smart, Head Teacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.
- 2.3 The senior leadership team will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
- 2.4 All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

3. Definitions of Medical Conditions

- 3.1 Pupils' medical needs may be broadly summarised as being of two types:
 - 3.1.1 Short-term affecting their participation in School activities because they are on a course of medication.

- 3.1.2 Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs). This may cover both physical and mental health difficulties.

4. The role of staff at ACE Tiverton

- 4.1 Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. The children at ACE Tiverton also have Special Educational Needs (SEN) and an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.
- 4.2 This guidance should be read in conjunction with the SEN Code of Practice and the SEN Policy.
- 4.3 If a child is deemed to have a long-term medical condition, ACE Tiverton will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs.
- 4.4 Staff must not give prescription medicines or undertake health care procedures without appropriate training (see 3.6). We can only administer prescribed medication if the following procedure has been completed in full. Parents must bring the medication to school in the original box that has been labelled by the pharmacy with the dosage, frequency and time of administration. Parents must complete and sign an administering medicines form and ensure that the information on it matches the label. Once received, medicines will be stored securely and only accessible by staff. Inhalers and emergency medication such as EpiPens and midazolam is stored out of reach but unlocked as per guidance. Trained staff will administer medication to children according to the instructions. Each child has a record of administering medication sheet that is completed each time medication is given. Once complete, these records are stored securely in pupil files.
- 4.5 With parental permission staff may provide a child with common over the counter medicine at our discretion (e.g. paracetamol, cough medicine or antihistamine.) In such cases parents must bring the medication into school and complete the appropriate form. This form includes information about the last dose that was administered at home. Staff will enter details of doses given at school and send the form home.

- 4.6 All medication (prescribed or over the counter) must be brought into school by a parent, carer or family member. It is not appropriate for children or school transport to bring the medication to school.
- 4.7 At ACE Tiverton, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals (for example the school nurse,) will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. In most cases this is 'Administering Medication' training delivered by Livewell Southwest. In some rarer cases specific training is required to administer emergency medication, for example epinephrine (via an EpiPen) or midazolam. This training is delivered by Livewell Southwest in line with health care plans provided by healthcare professionals.

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

- 5.1 We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, or when pupil's needs change and arrangements for staff training will be made if required. For children starting at ACE Tiverton, arrangements will be in place in time for the start of the pupil's time at ACE Tiverton wherever possible. In other cases, such as a new diagnosis we will ask parents to bring medication along with a completed administering medications form which has to be complete before we are able to administer any medication.
- 5.2 In making the arrangements, ACE Tiverton will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening.
- 5.3 We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. ACE Tiverton will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will 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.
- 5.4 We will ensure that staff are properly trained to provide the support that pupils need. ACE Tiverton will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. ACE Tiverton will make arrangements for the inclusion of pupils in such activities with any

adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

- 5.5 ACE Tiverton will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
- 5.6 ACE Tiverton does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- 5.7 Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 5.8 If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

6 Recording medical conditions on SIMS

- 6.1 Where a medical condition requires a Health Care Plan it should also be noted on SIMS in the Student Details section 7, Medical Conditions. If a specific condition is not in the selection available use the best match. Details can be entered in the notes section as required. If there is supporting evidence then this could be uploaded to SIMS. This will generally be recorded by the admin team on admission, however it should be checked by the rest of the team working with that child.

7 Individual Health Care Plans

- 7.1 Individual health care plans will either be provided by external healthcare professionals or completed by ACE Tiverton staff according to a standard format. (Annex B & C).

- 7.2 The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.
- 7.3 Individual Healthcare Plans will help to ensure that **the school** effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.
- 7.4 A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
- 7.5 Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. They should be stored electronically with the students other files on SIMS. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Annex B shows the template for the Individual Health Care Plan for children with prescribed medication and Annex C shows the template for the Individual Health Care Plan for children taking over the counter medication.
- 7.6 ACE Tiverton will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.
- 7.7 Individual Health Care Plans include:
- a) The medical condition and any medication prescribed to treat it.
 - b) Any special precautions.
 - c) Possible side effects.
 - d) Training requirements.
 - e) What to do in an emergency, including whom to contact, and contingency arrangements.
 - f) Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will be attached to the Individual Health Care Plan and it is the responsibility of the issuing healthcare provided to ensure that it is reviewed regularly.

8 The child's role in managing their own medical needs

- 8.1 We encourage children to take an active role in medicating themselves where appropriate, e.g. using asthma inhalers and self-administering pills under the supervision of trained staff.
- 8.2 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents/carers should be informed so that alternative options can be considered.

9 Managing medicines on the ACE Tiverton site

- 9.1 The following are the procedures to be followed for managing medicines:
 - a) Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
 - b) No child under 16 should be given prescription or non-prescription medicines without their parents/carers direct consent.
 - c) ACE Tiverton will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
 - d) All medicines will be stored safely in a specified place in each class. Staff should know where their medicines are at all times and be able to access them immediately.
 - e) Medicines and devices such as asthma inhalers, blood glucose testing meters, EpiPens and Midazolam should be always readily available to children and not locked away; these will be safely stored in the known places where all staff know how to access them. If a child requires an asthma inhaler it is crucial that there is an in date inhaler in the school at all times.
 - f) During school trips, a trained member of staff will carry all medical devices and medicines and will administer them to the children.
 - g) Staff administering medicines should do so in accordance with the prescriber's instructions. ACE Tiverton will keep a record of all medicines administered to individual children (see annex D.) A new record sheet should be started each time a new batch of medication is brought into school. For children who take more than one type of medication, a separate recording sheet should be used for each one.
 - h) Any side effects of the medication to be administered at the school should be noted.
 - i) Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- j) When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

10 Unacceptable practice

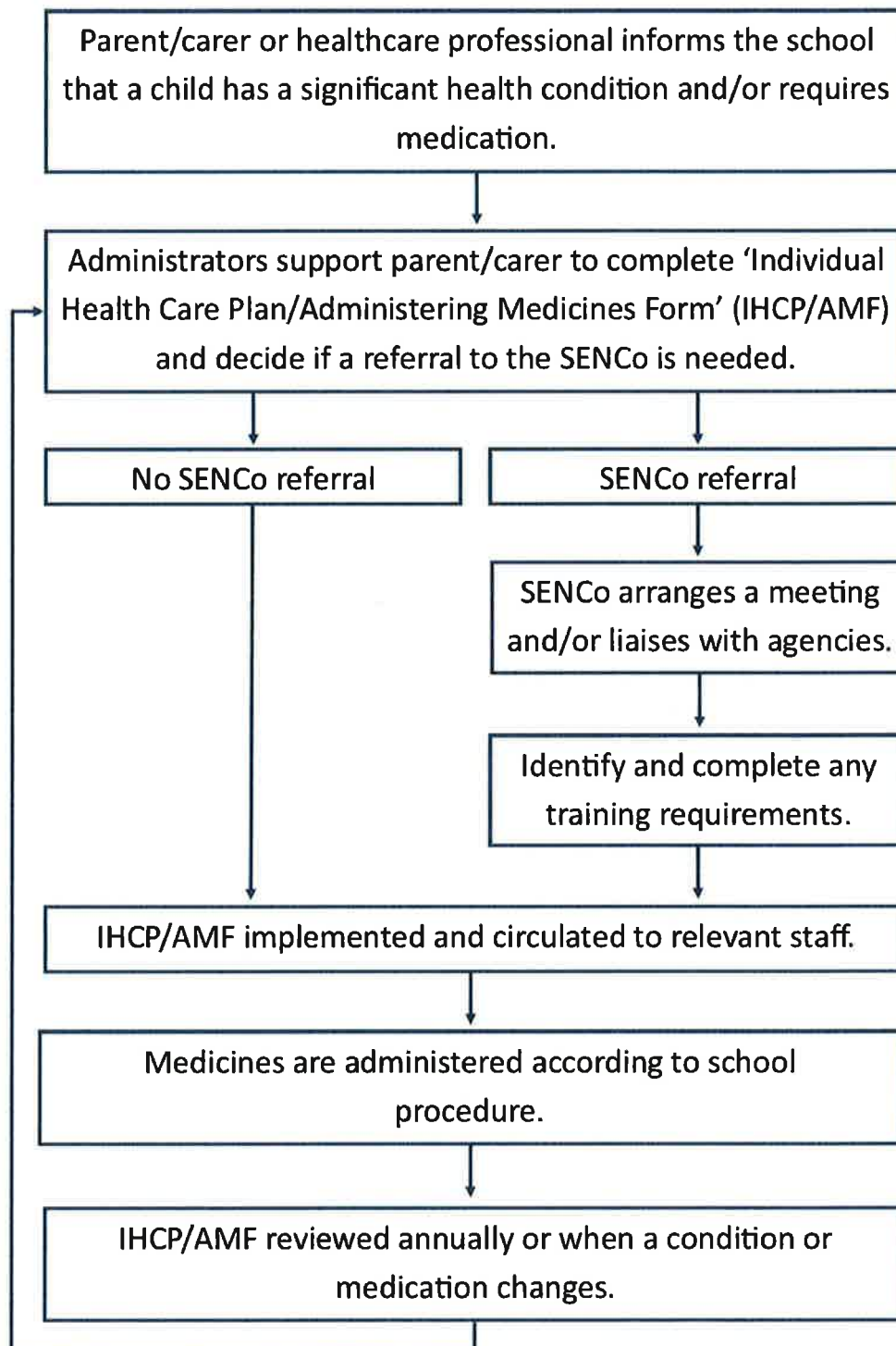
10.1 Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- a) Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assume that every child with the same condition requires the same treatment.
- c) Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged.)
- d) Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- e) If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- f) Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- g) Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- h) Require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues.
- i) No parent/carer should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring parents/carers to accompany the child.

11 Complaints

11.1 Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.

12 Annex A



13 Annex B



**INDIVIDUAL HEALTH CARE PLAN AND
ADMINISTERING PRESCRIPTION MEDICINES**

Child's Name	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review Dates	

CONTACT INFORMATION

Family Contact 1		Family Contact 2	
Name		Name	
Contact Daytime Phone Number		Contact Daytime Phone Number	

Clinic/Hospital Contact		GP	
Name		Name	
Contact Daytime Phone Number		Contact Daytime Phone Number	



MEDICINE

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that ACE Tiverton needs to know about?	
Describe what constitutes an emergency and the action to take if this occurs.	
Staff training needed/undertaken – who/what/when/where	

I understand that I must notify ACE Tiverton of any changes in writing.

	Parent/Carer	Staff Member
Date:		
Signature:		
Name:		

Has a relevant plan/advice been provided by Health? (Delete as necessary) *If so please attach.	Yes	No
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14 Annex C



INDIVIDUAL HEALTH CARE PLAN AND ADMINISTERING OVER THE COUNTER MEDICINES

Child's Name	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review Dates	

CONTACT INFORMATION

Family Contact 1		Family Contact 2	
Name		Name	
Contact Daytime Phone Number		Contact Daytime Phone Number	

I understand that I must notify ACE Tiverton of any changes in writing.

	Parent/Carer	Staff Member
Date:		
Signature:		
Name:		



MEDICINE

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that ACE Tiverton needs to know about?	
Describe what constitutes an emergency and the action to take if this occurs.	
Staff training needed/undertaken – who/what/when/where.	
Date and time of last dosage administered at home/school.	

Date and time of medication administered in school:					
Date & Time	Signature	Date & Time	Signature	Date & Time	Signature

15 Annex D



Record of medicines received and administered to pupils at ACE Tiverton

Name:

Date medication received	Medical needs	Medicine	Number of tablets or quantity	Dosage	Time of day	Expiry date	Name and Signature

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Name and Signature 1					
Name and Signature 2					

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Name and Signature 1					
Name and Signature 2					

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Name and Signature 1					
Name and Signature 2					

