

Hateley Heath Academy Medical Needs Policy 2024-2026



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Approved by:	CEA
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This policy is scheduled for review on:	Every 3 years





Contents

Policy Statement	3
Legislation and statutory responsibility	3
Scope	4
Aims & Principles	4
Head Teacher and Senior Leadership Team	4
Staff	5
Parents	5
Pupil	6
School Nurse	6
Individual Healthcare Plans	6
Staff Training	7
Children with Asthma	7
Storage of Medicines	7
Disposal of Medicines	8
Educational Visits	8
Emergency Procedures	8
Appendix 1 Appendix 2 Appendix 3	11





Policy Statement

This policy outlines Manor Multi Academy Trust's ('we' / "our' / 'us') expectations of our employees' ('you') in relation to providing the best medical assistance as we can.

We are committed to equality and value diversity. As such we are committed to fulfilling our Public Sector Equality Duty (Equality Duty) obligations and expect all staff and volunteers to share this commitment.

At Hateley Heath Academy we work in partnership with all interested parties including the schools directors, all school staff, school nurses, parents/ carers, doctors, nurses and pupils to ensure that this policy planned, implemented and maintained successfully.

This policy is to be read in conjunction with Statutory Framework for the Early Years Foundation stage (DfE, 2012,) Supporting pupils at school with medical conditions (DfE2014,) Section 100 of the Children and Families Act (2014,) Safeguarding policy, Health and Safety policy and First Aid Policy.

If you consider that any of our practices, policies or procedures may be indirectly discriminatory, you should report your concerns and the basis for them to your line manager, who will take appropriate action and ensure that you receive a written response in respect of the concerns that you have raised.

This policy does not form part of your contract of employment. We reserve the right to amend or withdraw this policy at any time.

We are responsible for ensuring the effective implementation of this policy. As part of equality monitoring we will review and monitor the operation and impact of the policy on a regular basis and in accordance with the policy review date. As part of this monitoring and review this policy will be equality impact assessed.

Legislation and statutory responsibility

Under The Equality Act 2010, responsible bodies for schools, including the Nursery, must not discriminate against disabled children in relation to their access to education and associated services. This includes all aspects of school life, which include school visits and school clubs and activities. The Children and Families Act 2014, places a duty on schools to make arrangements for children with medical needs. Pupils with medical needs have the same right of admission to schools as other children.

Hateley Heath Academy will endeavour to:

- Avoid disability discrimination
- Ensure all children are included
- Ensure that children with medical conditions are properly supported so they have full access to education, including school visits and physical education





• Enable regular attendance

There is no legal duty that requires schools to administer medicines. However, we have a duty to make arrangements to support pupils with medical conditions. We propose to administer, after appropriate training, prescription medication to assist children with medical needs. Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training if required. We propose to work with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education.

The prime responsibility of a child's health lies with the parent who is responsible for the child's medication and should supply school with up-to-date information. Contact details for our school nurse can be provided by our school office.

Scope

This policy applies to employees, workers, agency workers, whether during working hours or otherwise.

Aims & Principles

Our **Medical Needs Policy** ensures that pupils with medical conditions receive appropriate support to access education. Below are the **key principles** and **simulations** (scenarios) to illustrate its application.

1. Inclusivity & Equal Access

 All children with medical conditions to be supported to fully participate in school life.

2. Individual Healthcare Plans (IHPs)

 For pupils with significant medical needs, an IHP should outline their condition, medication, emergency actions, and school responsibilities.

3. Staff Training & Awareness

 School staff will receive relevant training to recognise medical conditions, administer medication, and respond to emergencies.

4. Medication Administration

 Clear procedures for storing, administering, and recording medication use, with parental consent required.

Head Teacher and Senior Leadership Team

The Head Teacher is responsible for putting the school's policy into practice and for developing detailed procedures. The Head Teacher and SLT MUST ensure that staff receive appropriate support and training where necessary. As the manager of staff, the Head Teacher will agree when and how such training takes place. The Head Teacher should make sure that





all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Head Teacher and SLT will make sure that all relevant members of staff are aware of a child's medical condition.

For a child with medical needs, the Head Teacher or a member of SLT will need to agree with the parents exactly what support can be provided.

The Head Teacher, a member of SLT or a Phase Leader will ensure this policy is available for parents to read through the school website. A member of SLT will ensure that cover arrangements are made when staff are absent and that supply teachers are always briefed of medical needs of the children in their care. Sufficient trained numbers of staff will be available to implement the policy and deliver against the individual healthcare plans.

Staff

Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act as any reasonable prudent parent would to make sure that children are healthy and safe. There is no legal duty that requires school staff to administer medicines. Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training, if required.

We will ensure that sufficient members of staff are appropriately trained to manage medicines as part of their duties. In exceptional circumstances, the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips or after school activities. The Head Teacher and staff will always treat medical information confidentially. The Head Teacher or a member of SLT will agree with the parent who else should have access to records and other information about a child.

Parents

Parents have the prime responsibility for their child's health and must provide the school with sufficient and up-to-date information about their child's medical condition. The school will require verification from the child's GP or another medical practitioner. The parent will be expected to contribute to their child's Individual Healthcare Plan (IHP).

It is the parent's responsibility to provide the school with the child's medicine when appropriate. The parent must hand all medication to a trained staff member identified by the school. Medication must be in date and with the correct instructions and information from the prescriber. Staff may request that a parent temporarily remove their child from school if sufficient emergency medicine is not in school. Parents must complete a Consent to Administer Medication Form at the school office (see appendix 1).

Parents should, wherever possible, administer or supervise the self- administration of medication to their children. This may be affected by the child going home during the





lunchbreak or by the parent visiting school. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at school. Medicines should only be taken into school where it would be detrimental to a child's health if it were not administered during the day.

Pupil

Pupils should be fully involved in discussions about their medical support needs, where appropriate.

School Nurse

The School Nursing service is responsible for notifying the school when they become aware a child has been identified as having a medical condition which will require support in school. The School Nurse will not necessarily be aware of all pupils with medical conditions. Parents and Carers must inform the school or the school nurse of any medical conditions.

The School Nurse will deliver training and support for members of staff who have agreed to provide medication etc. to children with medical conditions. The School Nurse will meet with parents/carers to write the Individual Healthcare Plan (IHP) for a child with a medical condition. The School Nurse will review all Individual Healthcare Plans as required. There is a clear expectation from the school that school nursing services are involved in the care plan process, as appropriate.

The School Nurse will liaise with medical professionals on appropriate support and associated staff training needs.

Being notified that a child has medical needs

When the school is notified that a child has a medical condition, a process will be followed to decide whether the child needs an Individual Health Plan (IHP), (See appendix 2). The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term.

Individual Healthcare Plans

The head teacher and the SENCO have overall responsibility for the development of IHP's for pupils with a medical condition. Plans will be reviewed annually or earlier if the need of the child has changed.

Not all pupils with a medical need will require an IHP. This will be agreed with a healthcare professional, parents and staff, and will based on evidence provided. Plans will be drawn up in partnership with parents, school staff and when appropriate any health care professional who can best advise on the pupil's specific need.





IHP's will be linked to, or become part of, any statement of Special Educational Need (SEN) or Educational Health Care Plan (EHCP). The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

Staff Training

Training opportunities are identified for staff with responsibilities for administrating medicines. The training will be identified during the development or review of IHP's Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support pupils
- Fulfill the requirements in the IHP's
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it. This will be provided with new staff during their induction.

Children with Asthma

Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration. It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged

Storage of Medicines

All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the fridge and should not be kept in classrooms, except for adrenaline pens and inhalers. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.





All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and staff and kept in an agreed place in the classroom or First Aid cupboard.

Disposal of Medicines

Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time. A letter or e-mail will be sent home to all parents who have left medicines in the school in July for collection. If any medicines remain uncollected at the end of the summer term, they will be disposed of at a local pharmacist by a member of the office staff.

Educational Visits

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit Leader will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

Emergency Procedures

Staff will follow the school's normal emergency procedure (for example calling 999). All pupils' IHP's will clearly set out what constitutes of an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.

Any medicines brought into school by staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of pupils. Any staff medicine is the responsibility of the individual concerned and not the school.





Appendix 1

Consent for administering medication at school

R	LEY HE
	(1) E
V	CADENT

Child's name	
Date of Birth	
Year Group / class	
Address	
<u>Postcode</u>	
Condition/ illness	
Medication Name/Type of medication (as per dispensary label):	
For how long will your child take this medication?	
Date dispensed / expiry date	
Dosage amount / and method of administration	
Time to be given	
Special precautions (if any)	
Known side effects	





Procedure to take in emergency			
	Contact Details		
	Family Contact 1	Family Contact 2	
Name			
Home Telephone			
Mobile Telephone			
Relationship			
	that I must delive	r the medicine pers	onally to (name of vice which
Print Name:			
Relationship to	o child:		
Date:			





Childs full name:		Appendix 2 Individual Healthcare Plan					
Date of Birth:							
Medical Condition:							
Name of staff mem	nber oversee	eing IHP:					
Name of class tead	cher oversee	eing IHP:					
Head Teacher:							
		Contac	t informatio	n	·		
	Family conta	act 1			Family cor	ntact 2	
Name				Name			
Phone no				Phone no			
Relationship				Relationship			
Signature				Signature			
	ic / Hospital	contact		GP contact			
Name				Name			
Clinic				Surgery			
Phone no				Phone no			
		Medication	n and Appai	atus to fulfil this	IHP		
Describe the condition and give details of the child's individual symptoms							
Daily care requirements (e.g before / after lunch)							





Describe what constitutes as an emergency for the child and action to take if this occurs								
200011001			igono, ioi uio oima ana aono					
		Adn	ninistration checks					
Hard copy given for Inclusion Folder								
IHP scanned and saved to TEAMs								
Review								
	Named Staff Member 1		Named Staff Member 2	Nev	v Class Teacher			
Autumn								
Spring								
Opining								
Summer								
	1			1				





<u>Appendix 3</u> Department for Education - Statutory guidance Supporting pupils with medical conditions at school https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3

Annex A: Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided School staff training needs identified Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed IHCP implemented and circulated to all relevant staff IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

