



Medina House School Supporting Pupils at School with Medical Conditions Policy

Ratified by Governors : _____

Signed _____
Chair of Governors

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About this Policy

This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' DFE April 2014. The policy also applies to activities taking place off-site as part of normal educational activities. It will be reviewed following the DFE review in September 2015.

The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting Pupils in school with medical conditions.

Key Points for Medina House School

Every effort will be made to ensure that

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Body is legally responsible and accountable for ensuring that arrangements are in place in school to support Pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, Pupils and parents/carers to ensure that the needs of Pupils with medical conditions are effectively supported.
- The needs of the Pupils include educational impacts, and social and emotional implications associated with medical conditions.
- The Governing Body will ensure that it meets its duty under the Equality Act 2010.
- As our Pupils have statements, or an Education Health and Care Plan (EHC), this policy operates in conjunction with the SEN Code of Practice.

The Role of the Governing Body

1. The Governing Body will ensure that arrangements are in place to support Pupils with medical conditions. In doing so they will ensure that such Pupils can access and enjoy the same opportunities at school, as any other child. In some cases, medical conditions may result in prolonged absence from school. We recognise that this should not prevent access to the curriculum. Consequently, in such a case, the Headteacher and school nurse will work with parents on an alternative approach, such as outreach support service at home. Consideration may also be given to how Pupils will be reintegrated back into school after periods of absence due to a medical condition.

2. In making their arrangements the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may

be life-limiting. 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.

3. The Governing Body will ensure that their 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. They will ensure that staff are properly trained to provide the support that Pupils need.

4. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that Pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

5. The Governing Body will 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. This aligns with their wider safeguarding duties. The Governing Body will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

Policy Implementation

Named People: XXXXXXXX, School nurse, Julie Stewart, Head teacher and Megan Richardson, Deputy Head are responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply staff, are aware of children's conditions.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual protocols and medical forms are kept up to date.
- Every pupil has an individual risk assessment including medical needs.

Procedures to be Followed When Notification is Received that a Pupil has a New Medical Condition and or when a pupil joining the school has a medical condition.

- The school nurse and in their absence a school leader will consult with the relevant health and social care professionals, the pupil and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist and nursing services, such as continuing care/community/specialist nurses (e.g diabetes/epilepsy). Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.
- Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff training and support. For children new to school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Medina House School mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- In some cases Medina House School may not 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 medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

Individual Healthcare Plans

The model process in Appendix A will be followed for developing Individual Healthcare Plans.

Named person: xxxxxxxx, school nurse, is responsible for ensuring the compiling of Individual Health Care Plans. Medina House School, healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher will take a final view. Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, who can best advise on the particular needs of the child. For example Speech Therapy Services may contribute sections on feeding needs and the School Nurse Service for - gastrostomy, nasogastric, alongside specialist staff for children with a tracheostomy. Plans for children with asthma, diabetes and epilepsy will be overseen by the specialist nurse. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which Medina House School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that Medina House School assesses and manages risks to the child's education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each child's Statement or Education/Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Medina House School will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Contents of Individual Health Care Plans

These will include, as appropriate:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g., crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical

condition from a healthcare professional; and cover arrangements for when they are unavailable;

- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parent/carers and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Healthcare Plan.

Roles and Responsibilities

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and Pupils is critical in providing effective support, to ensure that the needs of Pupils with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

- *The Governing Body* - will make arrangements to support Pupils with medical conditions in school, including making sure that this policy for supporting Pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also 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 Headteacher - will ensure that this policy is 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. The Headteacher will ensure that all staff who need

to know are aware of the child's condition. The Headteacher should also ensure that sufficient trained numbers of 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. The Headteacher has overall responsibility for the development of Individual Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support Pupils in this way. The Headteacher will be responsible for contacting the school nursing service 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.

- School staff - any member of school staff may be asked to provide support to Pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of Pupils with medical conditions that they teach. Specific class/First Aid staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions to enable them to know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- School nurses - are responsible for notifying the school when a child has been identified as having a medical condition which will require support in Medina House School. Wherever possible, they will do this before the child starts at the school. They will support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training. School nurses will liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams, including LAC and community care nurses, will also be a valuable potential resource for Medina House school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be asked to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).

- Pupils - with medical conditions may be best placed to provide information about how their condition affects them. They will be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan (taking into account age and cognitive ability). ALL pupils will be encouraged to be sensitive to the needs of those with medical conditions.
- Parent/Carers - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Local authorities - are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support Pupils with medical conditions to attend full time. Where Pupils would not receive a suitable education at Medina House School because of their health needs, the local authority will be contacted to fulfil its duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- Providers of health services - should co-operate with Medina House School in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services

will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.

Medina House School will work with:

- Clinical commissioning groups (CCGs) - these commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The Children's Trust will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Ofsted - Their inspection framework places a clear emphasis on meeting the needs of disabled children and Pupils with SEN, and considering the quality of teaching and the progress made by these Pupils. Inspectors are already briefed to consider the needs of Pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Medina House School will make this policy available and be able to demonstrate that this is implemented effectively.

Staff Training and Support

- How will staff be supported in carrying out their role to support Pupils with medical conditions?
- How will this be reviewed?
- How are training needs assessed?
- How and by whom is training commissioned and provided?

Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may

not be required. Representative staff who provide support to Pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with Medina House School, the type and level of training required, and how this can be obtained. Medina House School may choose to arrange the training themselves and will ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support Pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.

All staff will be made aware of the school's policy for supporting Pupils with medical conditions and their role in implementing that policy during directed training time. They will be required to sign to say they have read it. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting Pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met. Parent/carers will be asked for their views and may provide specific advice, but should not be the sole trainer.

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

The Child's Role in Managing Their Own Medical Needs

Given the age and cognitive profile of Medina House School pupils, it is unlikely they will be competent to manage their own medicines. However, they will be encouraged to 'help' staff and to be as involved in the procedure as possible e.g diabetic pupil choosing which finger is to be used for testing. As appropriate, in individual cases, independence will be encouraged. This will be reflected within individual healthcare plans. Any child who can take their medicines themselves or manage procedures will have an appropriate level of supervision. On the whole this will not be the case for Medina House School pupils and therefore relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Healthcare Plan. Parent/carers/ and relevant medical professionals would be informed so that alternative options can be considered.

Managing Medicines on School Premises

In conjunction with Medina House's *Policy on the Administration of Medication in School*:

- No child should be given prescription or non-prescription medicines without their parent's/carer's written consent. Non-prescription medicines may only be administered with written parent/carer permission.
- A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Where permission for paracetamol to be administered has been given, unless a parent/carer can be contacted to check times, it will not be given before 12:30pm. A parent/carer will be informed.
- Medina House School 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 to school inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely, in secure locked medical cabinets in every class. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available and will go wherever the child is.

- Medina House School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Medina House School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- Medicines will be returned to the parent/carer, when no longer required, to arrange for safe disposal via the bus escort hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.
- At the end of every term, medicines stored in school will be sent home.

Record Keeping

The Governing Body is responsible for ensuring that written records are kept of all medicines administered to children. On a day -to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details. Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

Emergency Procedures

Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils in school will be briefed on what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. Medina House School 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.

Medina House School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that Pupils with medical conditions are included. This may require consultation with parents/carers and Pupils and advice from the relevant healthcare professional to ensure that Pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

Other Issues

- Home to School Transport - Parents will notify transport of a pupil's Individual Healthcare Plan and what it contains, especially in respect of emergency situations. This information may contribute to the development of transport healthcare plans for Pupils with life threatening conditions. Transport is not the responsibility of the School.
- Defibrillators - in the event of sudden cardiac arrest, which can happen to people at any age and without warning, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Medina House School has a defibrillator and the local NHS ambulance service is aware of its location. 12 staff members have been trained to use it and staff members appointed as first aiders are already trained in the use of CPR.

Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- 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;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- Penalise children for their attendance record if their absences are related to their medical condition eg 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/carers, 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents/carers to accompany the child.

Liability and Indemnity

Governing bodies must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance arrangements cover staff providing support to Pupils with medical conditions. These insurance policies are accessible to staff providing such support. **Insurance policies will provide liability cover relating to the administration of medication, and individual cover is arranged for particular health care procedures.e.g. tracheostomy care and suction, gastrostomy and nasogastric feeding.** The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

It is noted that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer (the IWC).

Complaints

The procedure for making a complaint is set out in the *Medina House School Complaints Policy* available to parent/carers/Pupils on the school website. Medina House School hope that should parents/carers or Pupils be dissatisfied with the support provided, they will discuss their concerns directly with school first. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parent/carers (and Pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further Sources of Information

Other Safeguarding Legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of Pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are Pupils at the school.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people.
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other Relevant Legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and Pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured Pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation.

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Associated Resources

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Annex A: Model process for developing individual healthcare plans

