



Supporting Pupils at School with Medical Conditions Policy



1) Introduction and Aims

1.1 This Policy is governed by the statutory guidance and non-statutory advice set out in the document '[Supporting Pupils at School with Medical Conditions](#)' (Department for Education). The policy also applies to activities taking place off-site as part of normal educational activities.

1.2 **The Children and Families Act 2014** places a duty on the Academy Council to make arrangements for supporting pupils in school with medical conditions.

1.3 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 Shaw Education Trust and the Academy Council is legally responsible and accountable for ensuring that arrangements are in place in school to support pupils with medical conditions.
- The Shaw Education Trust and the Academy Council will ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions.
- The Shaw Education Trust and the Academy Council will ensure that it meets its duty under the Equality Act 2010.
- As our children have an Education Health and Care Plan (EHC), this policy operates in conjunction with the SEN Code of Practice.

2) The Role of The Shaw Education Trust and the Academy Council

2.1 The Shaw Education Trust and the Academy Council will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into Ivy House after periods of absence.

2.2 In making their arrangements, The Shaw Education Trust and the Academy Council will consider that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Shaw Education Trust and Academy Council will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

2.3 The Shaw Education Trust and Academy Council 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.

2.4 Children and young people with medical conditions are entitled to a full education and have the same rights of admission to Ivy House 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 Shaw Education Trust and Academy Council 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.

2.5 The Shaw Education trust and Academy Council 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 Shaw Education Trust and Academy Council will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

3) Policy Implementation

3.1 The Shaw Education Trust and Academy Council discharge their duties under this policy to the Named Person. For this purpose, the Headteacher is 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 and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual pupil school healthcare plans are kept up to date in partnership with health agencies.

3.2 This policy will be reviewed regularly at Academy Council meetings and is subject to changes and updates identified by Government advice and guidance.

4) Principles and Procedures

4.1 The following procedures will be followed when notification is received in school that a pupil has a medical condition.

- 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. 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 to 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 Ivy House school, arrangements should be made in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Ivy House school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

- In some cases, Ivy House 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.

5) Individual Pupil School Healthcare Plans

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

5.1 The school nurse is responsible for ensuring the compiling of Individual Health Care Plans. 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 Headteacher will take a final view. Individual Pupil School 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.

5.2 Individual Pupil's School 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, school nursing services may advise who can contribute to the sections on feeding needs such as gastrostomy, nasogastric, alongside specialist nurses for children with a tracheostomy. Plans for children with asthma 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 the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

5.3 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 the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. The Individual Pupil's School Healthcare Plan will be linked to or become part of each child's Education/Healthcare Plan.

5.4 Where a child is returning to Ivy House school following a period of hospital education or alternative provision (including home tuition), the 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.

6) Contents of Individual Pupil's School Health Care Plans

6.1 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;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with learning;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 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 Pupil School Healthcare Plan.

7) Roles and Responsibilities

7.1 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.

7.2 **The Shaw Education Trust and Academy Council** - 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 Shaw Education Trust and Academy Council 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.

7.3 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. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual pupil school 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 Pupil School 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.

7.4 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 consider the needs of pupils with medical conditions that they teach. School 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. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7.5 Universal Public Health Nursing Service 0 to 25 years (e.g. Health Visitors, School Nurses) - are responsible for notifying the school when a child has been identified as having a medical condition which will require support in the school. Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Pupil School Healthcare Plan and provide advice, liaison and access to appropriate training. Community nursing teams will also be a valuable potential resource for the school seeking advice and support in relation to children with a medical condition.

7.6 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).

7.7 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 pupil school healthcare plan. Other pupils will be encouraged to be sensitive to the needs of those with medical conditions.

7.8 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 pupil school healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

7.9 Local Authorities – are commissioners via Public Health for universal 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 Academy Council 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 pupil's school 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 the 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).

7.10 Providers of health services - should co-operate with the 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.

Ivy House School will work with:

7.11 Integrated Care Boards (ICBs) – these commission other healthcare professionals such as specialist nurses including enhanced school nursing services e.g. for children with special needs/disabilities. 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). ICBs 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 local Health and Wellbeing Board will also provide a forum for local authorities and ICBs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

7.12 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. The school will make this policy available and be able to demonstrate that this is implemented effectively.

8) 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?

8.1 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 Pupil's School 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. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

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

8.3 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 pupil's school healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.4 Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual pupil's school healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, which may include the school nurse, will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.

8.5 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 an annual inset day and via whole school email, with the policy available for reference on the Staff Shared Area and the school website. 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.

8.6 The family of a child will often be key in providing relevant information to Ivy House staff about how their child's needs can be met. Parent/carers will be asked for their views and may provide specific advice.

8.7 The details of continuing professional development provision opportunities will be provided to staff as appropriate. Records will be kept with the school's CPD co-ordinator and the school nursing team will keep copies of those staff who have been signed off as 'competent' for care for individual children in their care.

9) The Child's Role in Managing Their Own Medical Needs

9.1 After discussion with parent/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Pupil School Healthcare Plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

9.2 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 Pupil School Healthcare Plan. Parent/carers should be informed so that alternative options can be considered.

10) Managing Medicines on School Premises

In conjunction with the Policy on the Administration of Medicines in School:

10.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

10.2 No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parent/carer, while respecting their right to confidentiality. Non-prescription medicines may only be administered with written parent/carer permission.

10.3 A child under 16 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.

10.4 Where clinically possible the school will ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.

10.5 The 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 at Ivy House inside an insulin pen or a pump, rather than in its original container.

10.6 **All medicines must be stored safely.** Children and staff should know where medicines are at all times. Medicines and devices, such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children. This is particularly important to consider when outside of school premises e.g. on school trips.

10.7 The school will keep controlled drugs that have been prescribed for a pupil securely stored in a locked container and only named staff will have access. At Ivy House this is

limited to the school nursing team, the Health Welfare Support Assistant Team and the School Leadership Team (as required).

10.8 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. The school nurses will take responsibility for signing this medication into school on a daily basis and for ensuring that these are signed out at the end of the day. Medication must be handed to the parent/carer or guide of the child only.

10.9 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.

10.10 The 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.

10.11 When no longer required, medicines will be returned to the parent/carer 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.

11) Record Keeping

11.1 The Shaw Education Trust and Academy Council are 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.

11.2 The school nursing team take the lead on recording, administering and storing prescribed medication for all children in school.

12) Emergency Procedures

12.1 The School's First Aid Policy sets out what should happen in an emergency.

12.2 Where a child has an Individual Pupil School 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.

12.3 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.

12.4 In the event of an ambulance being called for a pupil in school, a member of the school team should ensure that the ambulance crew are greeted at the car park and escorted to the location of the child (usually the nursing room). The admin team should print the emergency details page from the Information System and pass onto the emergency crew.

13) Day Trips, Residential Visits and Sporting Activities

13.1 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.

13.2 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. The 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.

13.3 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.

14) Other Issues

14.1 **Home to school transport** – School will notify transport of a pupil's Individual Pupil School Healthcare Plan and what it contains, especially in respect of emergency situations. This information will contribute to the development of transport healthcare plans for pupils with life threatening conditions.

14.2 **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. **Ivy House school has purchased a defibrillator as part of our first aid equipment – [this is located at the Hydro Pool](#).** Staff members appointed as first aiders are trained in the use of CPR.

15) Unacceptable Practice

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

- Prevent children from easily accessing their inhalers and medication;
- Where a child is able, to prevent them administering their medication; themselves under adult supervision and in line with safety;
- 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 pupil school 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 e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/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, e.g. by requiring parents/carers to accompany the child.

16) Liability and Indemnity

16.1 The Shaw Education Trust and the Academy Councils 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.

16.2 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.

17) Complaints

17.1 The procedure for making a complaint is set out in the School Complaints Policy available to parent/carers/pupils on the school website. 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.

17.2 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.

18) Further Sources of Information

Other Safeguarding Legislation

Section 21 of the Education Act 2002 provides that Academy Council 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 Academy Council 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 Academy Council 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.

Shaw Education Trust and Academy Council' 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.

19) 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, Academy Council 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 (2015)

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.

20) Associated Resources

Links to other information and associated advice, guidance and resources e.g. 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 Pupil's School Healthcare Plans (IPSHCP)

