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Department
for Education

Supporting pupils at school with medical conditions

**Statutory guidance for governing bodies
of maintained schools and proprietors of
academies in England**

February 2014

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Summary

About this guidance

This document is a mixture of statutory guidance and non-statutory advice.

Statutory guidance is set out in bold text, and governing bodies **must** have regard to this when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to school activities taking place off-site as part of normal school activities. In this document, governing body includes proprietors in academies and management committees of pupil referral units (PRUs).

The rest of the text is non-statutory advice to others persons or bodies who may have a role in supporting pupils at school with medical conditions.

Early years settings should continue to apply the [Statutory Framework for the Early Years Foundation Stage](#).

This guidance replaces previous guidance on Managing medicines in schools and early years settings published in March 2005.

Expiry or review date

This guidance will be reviewed in September 2015.

What legislation is this guidance issued under?

The Children and Families Bill is currently going through legislative process and is anticipated to receive Royal Assent soon. When it becomes law, a new section of the, then, **Children and Families Act 2014** will provide that governing bodies must make arrangements for supporting pupils at school with medical conditions.

In meeting the duty, the governing body **must** have regard to statutory guidance issued by the Secretary of State.

Who is this guidance for?

This guidance is statutory for:

- governing bodies of maintained schools (excluding maintained nursery schools), management committees of PRUs, proprietors of academies, including alternative provision academies, and free schools (not including 16-19 academies)

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The non-statutory advice is for:

- schools, academies, (including alternative provision academies), and PRUs
- local authorities
- clinical commissioning groups (CCGs) and NHS England
- anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision
- parents/carers¹ and pupils
- health service providers

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

¹ All further references to parent or parents also includes carer or carers

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Introduction

1. In September 2014 a new duty will be introduced for governing bodies to make arrangements to support pupils at school with medical conditions. This guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe. In making decisions about the support they provide, it is crucial that schools consider advice from healthcare professionals and listen to and value the views of parents and pupils.

3. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.

4. Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice².

² Link to be provided

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The role of the governing body

5. **The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition should be denied admission³ or prevented from taking up a place in school because arrangements for their medical condition have not been made.**

6. **In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex, and some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

7. **The governing body should ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. There should be recognition that some medical conditions if not managed well can be fatal.**

8. **A child's health should not be put at unnecessary risk simply because they attend school. In addition, and in line with their safeguarding duties, governing bodies should not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.**

9. **Governing bodies must 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.**

Developing school policies

10. **Governing bodies should ensure that schools develop policies for supporting pupils with medical conditions that are reviewed regularly and readily accessible to parents and school staff.**

Policy implementation

11. **Governing bodies should ensure that policies include details on how the school policy will be implemented effectively, including a named person who has**

³ See School Admissions Code 2012

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overall responsibility for policy implementation. Details should include who is responsible for ensuring that sufficient staff are suitably trained, a commitment that all relevant staff will be made aware of the child's condition, cover arrangements in case of staff absence or staff turnover to ensure someone is always available, briefing for supply teachers, risk assessments for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans.

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

12. **Governing bodies should ensure that policies set out the procedures to be followed when a school is first notified that a pupil has a medical condition, and how long these should take.** This should cover any transitional arrangements between schools, or when pupil's needs change and include arrangements for staff training. For children starting at a new 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 a new school mid-term, this should normally take no more than two weeks. A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided at annex A.

Individual healthcare plans

13. **Governing bodies should ensure that policies cover the role of individual healthcare plans in supporting pupils at school with medical conditions and who is responsible for their development.** Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

14. Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals eg a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. **The governing body should ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption.** Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

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15. When identifying what information plans should record, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own 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
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils 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 eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements

Roles and responsibilities

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16. **The governing body should ensure that school policies clearly identify the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.**

17. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical. An essential requirement for any policy therefore will be to set out collaborative working arrangements between all those involved, showing how they will co-operate to ensure that the needs of pupils with medical conditions are met effectively.

18. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policies.

- **Governing bodies - must make arrangements to support pupils with medical conditions in school.** This may include making sure that school policies for supporting pupils with medical conditions in school are developed and implemented. They should ensure that a pupil with medical conditions is supported to enable as full participation as possible in all aspects of school life.
- Head teachers – should ensure that policies are 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. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained 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. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way. They should contact 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 volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. **Governing bodies should ensure that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.

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- School nurse or other qualified healthcare professional – this role is critical. Every school should be allocated a school nurse. They are responsible for notifying the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they should do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child’s plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs – there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school, in how to cope with emergencies. School nurses should work with head teachers to determine the training needs of school staff and agree who would be best placed to provide the training. The school nurse or other suitably qualified healthcare professional should confirm that school staff are proficient to undertake healthcare procedures and administer medicines. See also paragraphs [19 to 27] below about training for school staff.
- GPs and paediatricians (or other appropriate healthcare professional) - 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.
- 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 the NHS Commissioning Board, 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 in a mainstream school because of their health needs then the local authority has a duty to make other arrangements⁴.
- Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

⁴ *Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities 2013; Alternative provision – Statutory guidance for local authorities 2013*

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- Clinical commissioning groups – 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.
- Pupils – will often be best placed to provide information about how their medical condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Parents – should provide the school with sufficient and up-to-date information about their child’s medical needs. They may in some cases notify the school that their child has a medical condition. They are a key partner and should be involved in the development and review of their child’s individual healthcare plan. 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.
- Ofsted - Ofsted’s 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. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Staff training and support

19. **Governing bodies should ensure that policies set out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed and how and by whom, training will be provided.**

20. **Policies should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.**

21. The school nurse should normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place. Schools may choose to arrange training themselves. School nurses should liaise with those providing training and ensure that training remains up-to-date.

22. Training should 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. They will need to understand the

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specific medical conditions they are being asked to deal with, their implications and preventative measures.

23. **Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

24. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

25. Policies should additionally set out arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The school nurse should be able to advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

26. Parents should be asked for their views and may be able to support school staff by explaining how their child's needs can be met. They should provide specific advice, but should not be the sole trainer.

27. Governing bodies should consider providing details of continuing professional development provision opportunities.

Children's role in managing their own medical needs

28. **Governing bodies should ensure that policies cover arrangements for children who are competent to do so to manage their own health needs and medicines.** After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them.

29. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed.

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Managing medicines on school premises

30. **The governing body should ensure that policies are clear about the procedures to be followed for managing medicines.** Although schools may already have such procedures in place, they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should 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 schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away. This is particularly important to consider when on school trips
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept

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- a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Schools should 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 should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

31. **Governing bodies should ensure that written records are kept of all medicines administered to children.** Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Emergency Procedures

32. **Governing bodies should ensure that policies set out what should happen in an emergency situation.** As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

33. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed.

34. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

35. **Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.** Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. Schools should make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

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36. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to 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 will require consultation with parents and pupils and advice from the school nurse or other healthcare professional who are responsible for ensuring that pupils can participate. Please also see Health and Safety Executive (HSE) guidance on school trips.

Home to school transport for pupils requiring special arrangements

37. **Governing bodies should ensure that policies set out the arrangements to be made in relation to pupils with medical conditions travelling to and from school. This should include what should be done in emergency situations.**

38. Where pupils have life threatening conditions, specific transport healthcare plans⁵ should be carried on vehicles.

Unacceptable practice

39. **Governing bodies should ensure that school policies are explicit about what practice is not acceptable.** Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- 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

⁵ These are separate to the individual healthcare plans referred to throughout this document

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- require parents, 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
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg requiring parents to accompany the child

Liability and indemnity

40. **Governing bodies should ensure that the appropriate level of insurance is in place.** It is important that policies set out the details of the school's insurance arrangements.

41. Policies should provide liability cover relating to the administration of medication but individual cover may need to be arranged for health care procedures associated with more complex conditions. Any requirements of the insurance such as the need for staff to be trained should be made clear.

42. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

Complaints

Governing bodies should ensure that policies set out how complaints might be made about the support provided to pupils with medical conditions. Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues at resolution with the school have been exhausted. In the case of a maintained school, the DfE would consider if the school has acted unreasonably or failed to discharge a duty which may invoke either Section 496 or 497 of the Education Act 1996. Complaints against academies that fail to comply with their legal obligations will also be investigated. Ultimately, parents will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

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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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

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.

Section 3 of the NHS Act 2006 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 3 of the NHS Act 2006 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.

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;

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- 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. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice [to be amended to reflect new code]

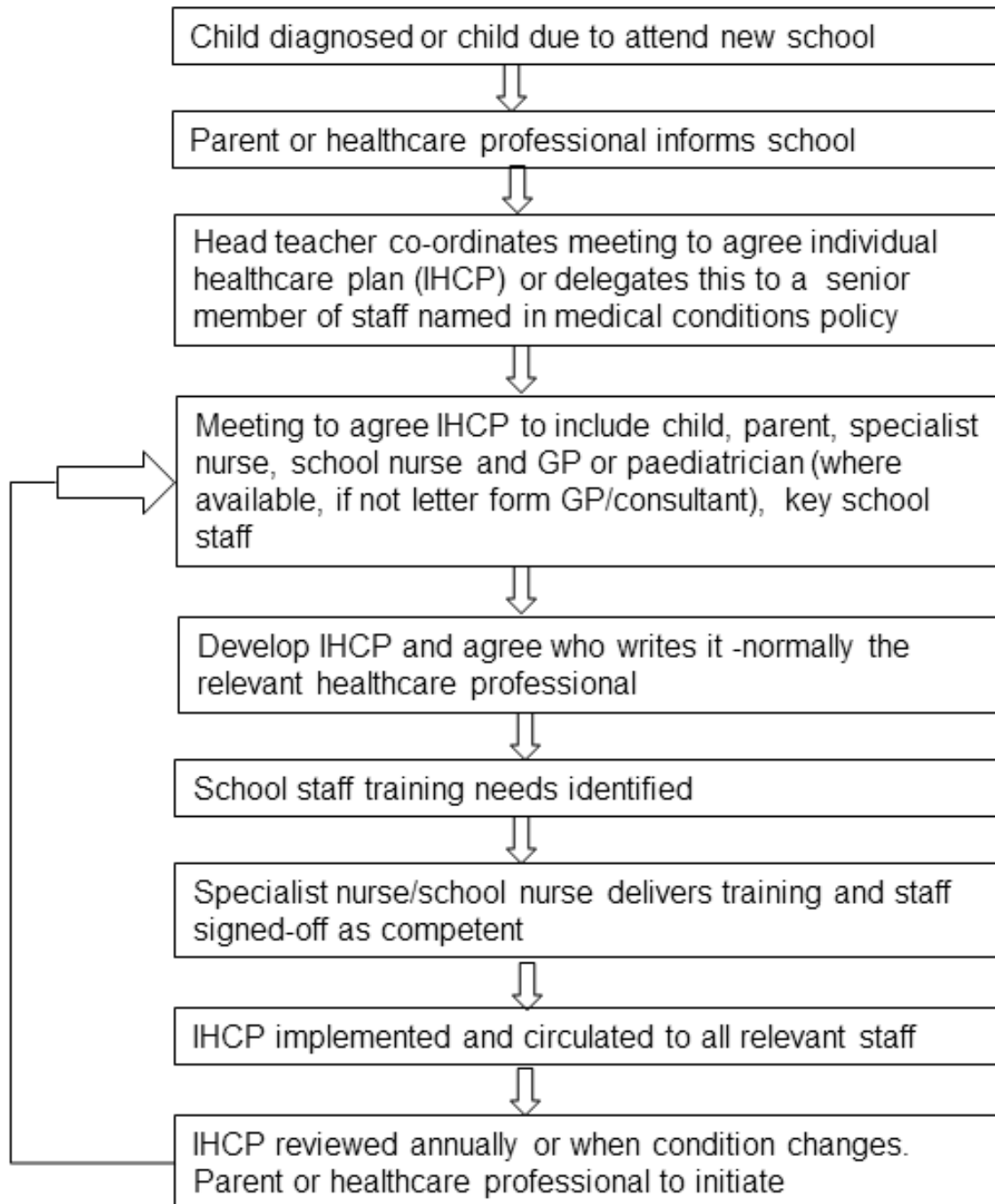
Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them.

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 www.xxxxx.xx.

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Annex A: model process for developing individual healthcare plans



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