



Supporting Pupils at School with Medical Conditions

Policy Statement and Guidance for Schools

Person responsible for policy: Chief Executive

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1. Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to

make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to the DfE guidance document '[Supporting Pupils at School with Medical Conditions](#)' which came into force on 1 September 2014, and was last reviewed in December 2015.

2. 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 properly understood and effectively supported.

3. The role of governing bodies, Headteachers and the River Learning Trust

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a Headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school and others about what needs to be done in terms of implementation. However, the governing body, proprietor or management committee remains legally responsible and accountable for fulfilling its statutory duty.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

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. 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.

The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

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.

Each school within the River Learning Trust should ensure that:

- There is someone who is responsible for ensuring that sufficient staff are suitably trained
- There is a commitment that all relevant staff will be made aware of the child's condition
- Cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available
- Briefing is in place for supply teachers
- Risk assessments are in place for school visits, holidays and other school activities outside the normal timetable
- Individual Healthcare Plans are monitored

A summary of all procedures that individual schools should have in place to supplement this policy statement is included in section 19.

4. Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

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

Each school should follow a procedure whenever it is notified that a pupil has a medical condition. Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. 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, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

6. Individual healthcare plans

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 will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. River Learning Trust Schools should use the model flow chart process for developing individual healthcare plans found on p28 of [‘Supporting Pupils at School with Medical Conditions’](#).

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality.

Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child’s condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children’s community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should 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.

The local governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should 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 Trust recommends the following should be considered when deciding what information should be recorded on individual healthcare plans:

- 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 (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 parents and the headteacher 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. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

7. Roles and Responsibilities

Local Governing Bodies

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should 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.

Headteachers

The Headteacher ensures that the policy is 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.

Headteachers should 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 healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and 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.

Parents

Parents 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 are key partners and should 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their 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. Other pupils will often be sensitive to the needs of those with medical conditions.

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. School staff should 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.

School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other Healthcare professionals

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 individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local Authorities

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 co-operation 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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, the local authority has a 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Clinical Commissioning Groups (CCGs)

Clinical commissioning groups 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 co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (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 local Health and Wellbeing Board 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.

Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Health Service Providers

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 other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and

achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

Key Information to share in schools

Each school within the River Learning Trust should follow and adapt these procedures:

- Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, displayed in a suitable place, eg staff room
- Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information
- All other medical conditions will be noted from children's records and this information will be provided to class teachers annually

8. Staff Training and Support

Staff will be supported in their role to support pupils with medical conditions. Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

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

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

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. However, staff must not give prescription medicines or undertake healthcare procedures without appropriate training which reflects requirements within individual healthcare plans.

Whole-school awareness training should take place 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 relevant healthcare professional should be able to advise on training that will help

ensure that all medical 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.

Each school should ensure that a list of trained first aiders is displayed, and that a list of staff trained to administer medicines should be available, including those who have had specialist training, eg epipen

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, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

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

9. The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

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 an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

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 so that alternative options can be considered.

10. Managing and Administering Medicines on School premises

Each school within the River Learning Trust should draw up their own procedures to manage medicines, taking into account 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. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. 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 if these 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 adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
 - 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
 - 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 of any doses used and the amount of the controlled drug held
 - school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. 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 in school

Each school should have a procedure for administration of medicines, including:

- Parents and Carers should ensure schools have current medical details, which should be kept and updated. Schools should check at least annually that their records are up-to-date
- There should be a statement regarding administration of painkillers, particularly self-administration for older pupils, and whether the school administers painkillers to young pupils
- There should be a clear statement outlining when the school will administer medicine, how it judges individual cases, and what happens if a pupil is completing a course of antibiotics
- Procedures for pupils with asthma, hayfever and other common conditions should be listed

11. Record Keeping

Governing bodies should ensure that written records are kept of all medicines administered to children.

12. Emergency Procedures

Individual schools should set out what should happen in an emergency situation. These should include:

- 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 in general terms, such as informing a teacher immediately if they think help is needed
- As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK
- 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. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems. A protocol should be drawn up outlining whether an ambulance should be called, and if so, what would happen. This would include:
 - how to decide and who decides whether an ambulance should be called
 - what to say if calling emergency services (a template is given [here](#) from DfE)
 - Schools should agree procedure for accompanying or taking a child to hospital if agreed that an ambulance is not required. For example:
 - children will be accompanied to hospital by two members of staff (staff cars should not be used for this purpose)
 - parents or carers must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital

13. Day trips, residential visits and sporting activities

Arrangements should be clear and unambiguous about the need to support actively pupils with medical conditions to participate in all of these activities. There should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.

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 relevant healthcare professional to ensure that pupils can participate safely.

14. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition 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, 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, 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 to accompany the child.

15. Liability and indemnity

The River Learning Trust ensures that the appropriate level of insurance is in place, via Zurich insurance.

16. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the individual 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. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Templates

Templates are available from the DfE website [here](#) for:

- Individual healthcare plans
- parental agreement for schools to administer medicine
- record of medicine administered to an individual child
- record of medicine administered to all children
- staff training record for administration of medicines
- contacting emergency services
- model letter inviting parents to contribute to individual healthcare plan development

18. 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 wellbeing 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. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers 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 wellbeing of children, including their physical and mental health,

protection from harm and neglect, and education. Relevant partners are under a duty to co-operate 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 is 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 is 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 who 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) provides 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 24 of the Schedule to the the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

The [Special Educational Needs and Disability 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.

19. Summary of Procedures individual schools need to have in place

Each school within the River Learning Trust should ensure that:

- There is someone who is responsible for ensuring that sufficient staff are suitably trained
- There is a commitment that all relevant staff will be made aware of the child's condition
- Cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available
- Briefing is in place for supply teachers
- Risk assessments are in place for schools visits, holidays and other school activities outside the normal timetable
- Individual Healthcare Plans are monitored

Each school should follow a procedure whenever it is notified that a pupil has a medical condition

Each school should use the model flow chart process for developing individual healthcare plans found on p28 of [‘Supporting Pupils at School with Medical Conditions’](#).

Each school should be aware of the roles and responsibilities for various groups, and share/display information as described in this section

Each school should ensure suitable training takes place

Each school should have procedures for managing and administering medicines

Written records are kept of all medicines administered to children

Each school should have a set of emergency procedures

Arrangements should be made to support pupils in participating actively in day trips, residential trips and sporting activities

Each school should ensure they have an appropriate complaints procedure