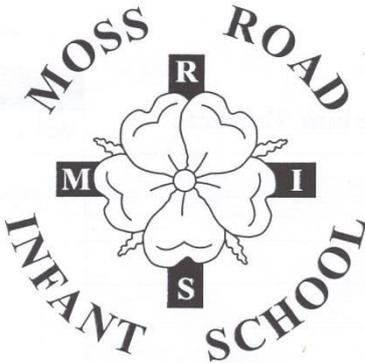


ASKERN MOSS ROAD INFANT SCHOOL

Supporting Pupils with Medical Conditions Policy



Aim

Our aim is to ensure that all 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.

Key points

Children at Askern Moss Road Infant School with medical conditions will be supported so that they have full access to education, including school trips and physical education.

We will ensure that arrangements are in place to support pupils at school with medical conditions within safe limits.

We will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. [All further references to a parent or parents also includes a carer or carers]

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in 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 schools will provide effective support for their child's medical condition and that pupils feel safe.

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 and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

Roles and Responsibilities

In meeting the duty to make arrangements to support pupils with medical conditions, functions may be conferred on a governor, the headteacher, the SENCO a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. Our 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.

Collaborative Working Arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Our ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals

(and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

We will work in partnership with all interested parties, professionals, outside agencies and parents to ensure that the needs of pupils with medical conditions are met effectively. We will do this by ensuring open lines of communication and regular contact as appropriate to the particular needs and complexities of each individual case.

The Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty. However day to day management of this policy will be overseen by the headteacher and SENCO. **The governing body 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.** The Governing Body will work together with other Schools, local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education. 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 school after periods of absence.

In making arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body will ensure that their arrangements give parents 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. The governing Body will ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. Transition arrangements will be put in place to ensure a child with a medical condition can be admitted and supported by appropriately trained staff with appropriate resources as soon as soon as possible.

All children will receive a full time education, unless this would not be in their best interests because of their health needs

The governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We therefore will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Governing body will ensure that the arrangements they put in place are sufficient to meet statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with our wider safeguarding duties.

The Governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Develop and implement school policy alongside a range of partners.
- Ensure that arrangements are in place so that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

- Ensure that arrangements are in place so that all staff who need to know are aware of the child's condition and that there are sufficient trained numbers of staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Overall responsibility for the development of individual healthcare plans.
- Overall responsibility for arrangements for staff insurance and ensuring staff are aware that they are insured to support pupils in this way.

Special educational needs Co-ordinator

The SENCO Mrs. S. Lee is responsible for the management of the day to day support of any child with a medical condition.

Her key responsibilities include:

- writing and monitoring of individual healthcare plans.
- ensuring staff are fully aware of the child's condition
- ensuring all involved in the care of the child including parents and outside agencies are kept up to date
- 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.
- ensuring that sufficient staff are suitably trained and records are appropriately kept
- ensuring that all relevant staff are appropriately insured and are aware that they are insured to support pupils in this way.
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- arrangements are in place for briefing for supply teachers,
- advising staff on risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- induction arrangements for new staff

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 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.

Teaching staff have responsibility for carrying out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included in all activities including sporting activities and school trips, This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

School nurse

The school nurse is 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 school. The school nurse 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 .

Community nursing teams may also be a valuable potential resource when seeking advice and support in relation to children with a medical condition.

Other healthcare professionals

This includes 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 may be able to provide support for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils

Pupils themselves with medical conditions will often be best placed to provide information about how their condition affects them. They will 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 age appropriately. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents

Parents are a crucial source of information and support. We will approach parents for sufficient and up-to-date information about their child's medical needs. Parents may in some cases be the first to notify us that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. We expect parents to 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.

Doncaster Local Authority

DMBC is the commissioner of school nurses. 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. We will seek their support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. We will work with the local authority to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education with us in a mainstream school because of their health needs, the local authority's duty is to make other arrangements. Statutory guidance for local authorities sets out that they will 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).

Providers of health services

We will seek co-operation from providers of health services, 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 .

Clinical commissioning groups (CCGs)

Such groups commission other healthcare professionals such as specialist nurses. They should be responsive to children's needs, and ensure that health services are able to co-operate with us in supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive in seeking to strengthen links between health services and school, 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 the local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

OFSTED

The OFSTED 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.

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

- SENCO to seek advice from all professionals involved in the care of the child
- SENCO to seek advice from parents
- Multi-agency meeting to be called using the CAF process if required
- SENCO to set up transition arrangements if the child already attends another school.
- SENCO to arrange staff training and appropriate resourcing

For children starting school or transferring from another 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, we will make every effort to ensure that arrangements are put in place within two weeks.

We will not wait for a formal diagnosis before providing support to pupils if we feel it is required. 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 will normally involve some form of medical evidence and consultation with parents. Where

evidence conflicts, we will seek to find solutions and agreement to ensure that the right support can be put in place.

Individual healthcare plans

The SENCO Mrs. S.Lee is responsible for the writing and monitoring of individual health care plans in consultation with staff.

Individual healthcare plans help to ensure that pupils with medical conditions are effectively supported. They provide clarity about what needs to be done, when and by whom. They are often 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. School, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher Mrs.S.Darrell will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

We will use a school agreed format for all individual healthcare plans which may vary in content to cater for the specific needs of each pupil. They will be easily accessible to all who need to refer to them, while preserving confidentiality.

Individual health Care Plans will include 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 will 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 will be drawn up in partnership with school staff, parents and a relevant healthcare professional, eg school,

specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

The aim will be to capture the steps which school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. 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.

The governing body will ensure that plans are 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 risks to the child's education, health and social wellbeing are assessed and managed, and disruption is minimised. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will 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), we 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.

When deciding what information should be recorded on individual healthcare plans, we will consider the following:

- **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 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 assessments, 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 some responsibility for their own health needs) including in emergencies[age appropriate]. If a child is self- managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
 1. who will provide this support, expectations of their role and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional specify how training needs are assessed, and how and by whom training will be commissioned and provided.
 2. 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, 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; 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.
 - home-to-school transport – if this is provided it would be helpful if they were made aware of a pupil’s individual healthcare plan and what it contains, especially in respect of emergency situations.

Staff training and support

Staff will be fully supported in carrying out their role to support pupils with medical conditions, and this will be monitored and reviewed regularly as part of an Individual health care Plan which will specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs will receive suitable training. This will be 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 will be included in meetings where this is discussed whenever possible.

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. We may choose to arrange training ourselves in certain circumstances and we will ensure this remains up-to-date.

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

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the headteacher and SENCO to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions.

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

School awareness training will 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.

New staff will receive awareness training during their induction,

We will seek advice on training that will help ensure that all medical conditions affecting pupils in the school are understood fully from relevant healthcare professionals. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. Specific advice should be sought from parents, but they should not be the sole trainer.

Continuing professional development provision opportunities will be necessary to ensure staff are appropriately aware of their responsibilities in supporting children with medical conditions and trained to support them effectively.

The child's role in managing their own medical needs

Children who are competent to manage their own health needs and medicines will be encouraged to do so.. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans and will be age appropriate.

Wherever possible, children will 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, then 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.

Managing medicines on school premises

- 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 should be given prescription medicine without their parent's written consent and only **prescribed** medicines can be administered
- . Non prescription medicines cannot be administered by school staff
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- we 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 inside an insulin pen or a pump, rather than in its original container
- all medicines must 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, eg on school trips
- In very rare circumstances a child may have been prescribed a controlled drug . A child who has been prescribed a controlled drug may legally have it in their possession **only if they are competent to do so** and under no circumstances must another child gain access to it. Monitoring arrangements would be necessary in these circumstances. We will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. However such controlled drugs should be easily accessible in an emergency. A record must be kept of any doses used and the amount of the controlled drug held in school.

- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children, must be kept 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

We will 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. Parents should be informed if their child has been unwell at school.

Emergency procedures

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.

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. Instructions and the correct information for navigation systems is provided on the 'in case of emergency information' beside the main office phones.

Day trips, residential visits and sporting activities

We understand the need to support actively 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 and with

any reasonable adjustments. We 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.

We will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. Risk assessments will be carried out by staff 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

Pupils with life-threatening conditions;

- Staff members appointed as first-aiders are already trained in the use of CPR
- asthma inhalers – we voluntarily hold an asthma inhaler for emergency use.

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 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 unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Liability and indemnity

All school staff are insured through public liability and employers liability insurances for the work they undertake in school including cover for staff providing support to pupils with medical conditions. These insurances are bought back through the local authority on an annual basis. The insurance policies provide liability cover relating to the administration of medication and for any healthcare procedures staff have been trained for eg First Aid. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

The school's complaints policy sets out how any complaints may be made and will be handled this also includes concerns regarding the support provided to pupils with medical conditions. 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 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

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.

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 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) 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.

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

Associated resources View links to other information and associated advice, guidance and resources eg templates, and to organisations providing advice and support on specific medical conditions.

www.gov.uk/government/publications/send-code-of-practice-0-to-25
www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions