

Springbank Academy



Where dreams are realised and success is celebrated

Our whole school vision is:

Springbank Academy is a place where all of our children and staff will have the opportunity to excel. Everyone will be safe, happy and cared for. Our curriculum and values will inspire everyone in the school family to be motivated and curious learners and offer core skills, knowledge and enrichment to enable all to gain the foundations for a quality future and a love for life-long learning.

Supporting Pupils at School with Medical Conditions Policy February 2026



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Springbank Primary School is committed to equal opportunities for all. It is our aim that every policy is written to have a positive impact on every child/all children irrespective of race; religion; gender; sexual orientation or age.

Springbank = success for all

There is a key that unlocks every child's learning, our job is to find that key.

Every staff member and governor must take the responsibility and accountability to ensure the procedures within this policy are delivered and implemented as per Springbank School Policy.

What legislation is this policy issued under?

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 have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

Who is this policy for?

This policy applies to:

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

This policy is also provided to assist and guide:

- schools, academies (including alternative provision academies) and PRUs
- local authorities
- clinical commissioning groups (CCGs), NHS England
- anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision, e.g. independent schools
- parents/carers³ and pupils
- health service providers

Key points

- We recognise that: Pupils at Springbank Academy with medical conditions should be properly supported so that they have full access to education, including school trips and Physical Education.
- The Governing Body will ensure that arrangements are in place in school to support pupils at school with medical conditions.
- The Governing Body will 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.

Introduction

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. This policy is intended to help the 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 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.

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 ongoing 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 making decisions about the support they provide, we will establish relationships with relevant local health services to help them. We know it is crucial that we receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

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 our Governing Bodies will 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 guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

The role of Governing Body

In meeting the duty to make arrangements to support pupils with medical conditions, functions will be conferred on the Health and Wellbeing Governor and headteacher. Help and co-operation will also be enlisted from other appropriate persons. The approach to meeting the duty will be taken in light of the statutory guidance. This informs the school about what needs to be done in terms of implementation. However, the governing body remains legally responsible and accountable for fulfilling its statutory duty.

The Governing Body will 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.

We will ensure that schools, local authorities, health professionals, commissioners and other support services work together 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 our 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. Our Governing Body therefore will 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 its 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 confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

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

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.

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

We understand we 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, we will make a judgement about what support to provide based on the available evidence. This will involve some form of medical evidence and consultation with parents. Where evidence conflicts, we know some degree of challenge may be necessary to ensure that the right support can be put in place.

Every effort will be made to plan thoroughly transitional arrangements, reintegration, staff training and support. Every effort will be made to ensure arrangements are in place within two weeks.

Individual Healthcare Plans

The governing body will ensure that Health Care Plans are in place and reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Not all children will require a Health Care Plan.

At Springbank Academy individual healthcare plans will help to ensure that we can 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. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan is inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take the final view. We will use a flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan in annex A for decision making.

We understand the format of individual healthcare plans may vary between schools but at Springbank we ensure that the Health Care Plans are easily accessible to all who need to refer to them, while preserving confidentiality. These plans are not a burden on our school, but capture the key information and actions that are required to support the child effectively. The level of detail within plans will always 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 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 will also be involved whenever appropriate. Our aim is to capture the steps which we 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. We will ensure partners agree who will take the lead in writing the plan, but we know the 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 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), schools 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, the Governing Body 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, 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;
- 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.

Roles and Responsibilities

We believe supporting a child with a medical condition during school hours is not the sole responsibility of one person. We know a school's 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.

The Governing Body will make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Governing Body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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

The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will ensure contact with 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.

The role of parents

Parents will 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, we understand 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 will 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.

The role of pupils

We know pupils 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. Other pupils will often be sensitive to the needs of those with medical conditions.

The role of school staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although we recognise that 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. This will ensure any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The role of school nurses

Springbank Academy 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.

The role of 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).

The role of 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 health needs 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).

The role of clinical commissioning groups (CCGs)

We know clinical commissioning groups commission other healthcare professionals such as specialist nurses will 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 tracheotomy 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.

Providers of health services

We recognise that 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.

The role of 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. In September 2019 a new inspection framework was introduced and any amendments to this policy were made accordingly.

Staff training and support

All staff supporting a pupil with medical needs will have suitable training. The Governing Body will ensure that the school's policy sets 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 will specify how training needs are assessed, and how and by whom training will be commissioned and provided.

Suitable training will have been identified during the development or review of individual healthcare plans. We acknowledge that 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.

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 at times choose to arrange training ourselves and will however 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 need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

We understand a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

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

Whole-school awareness training will also be put in 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 will be included. The relevant healthcare professional will 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.

We understand that 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. We will ask them to provide specific advice, but should not be the sole trainer.

The Governing Body will consider providing details of continuing professional development opportunities.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

We will try to seek written instructions from the parent or on the medication container dispensed by the pharmacist so we can take into consideration the training requirements as specified in pupils' individual health care plans. E.g. Eye drops.

The child's role in managing their own medical needs

The Governing Body will ensure that children who are competent to manage their own health needs and medicines are also catered for.

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

We understand that 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 will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed immediately so that alternative options can be considered.

Managing medicines on school premises

The school has a detailed policy on managing medicines on school premises which will be implemented alongside this policy.

Record keeping

The Governing Body will ensure that written records are kept of all medicines administered to children.

We fully acknowledge that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

As part of general risk management processes, the school will 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.

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 will also 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. We will ensure staff understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

The Governing Body will ensure that their arrangements are clear and unambiguous about 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 are aware of how a child's medical condition will impact on their participation, but we know 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.

Springbank Academy will consider what reasonable adjustments we 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. We know this will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

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 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.

Liability and indemnity

As a maintained school the Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

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 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.

Other issues for consideration

The school's defibrillators are located in the staff room and in the main school corridor. Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

Most staff members are trained as first-aiders and are already trained in the use of CPR and defibrillators and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Asthma inhalers – we hold an asthma inhaler for emergency use. This is located in the medication cabinet behind the admin office. We abide by Department of Health.

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 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**¹⁴

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.

Annex A: Model process for developing individual healthcare plans

