



# St Faith's

Church of England  
Infant and Nursery School

## Supporting pupils at school with medical conditions

"Our inclusive St Faith's family strives to enable all to achieve their full potential and inspire a community of hope and friendship. We seek excellence by ensuring a safe, respectful and flourishing learning community, where differences are celebrated and our genuine love and high expectations make a difference to all."

*Oscar Romero .... "Aspire not to have more, but to be more."*

As a Church School, the distinctive Christian values of respect, compassion, trust, justice, friendship and community are promoted through the experiences we offer to all our pupils, to give pupils the knowledge, skills and understanding that they require to lead confident, healthy and independent lives. We promote the teaching and understanding of fundamental British values in order to prepare pupils for life in modern Britain. We positively teach the values of democracy, the rule of law, individual liberty, mutual respect for and tolerance of those with different faiths and beliefs and for those without faith. Teaching the fundamental British values helps the children to become informed, active and responsible citizens.

This policy outlines the purpose, nature and management of supporting pupils in school with medical conditions in our school. It reflects the consensus of opinion of all members of staff. It is based on current practice and has the full agreement of the governing body. The implementation of this policy is the responsibility of the Head teacher, teaching staff and support staff. It is our collective responsibility to raise awareness and that all policies are known, understood and used in an appropriate way

### Introduction

St Faith's Church of England Infant and Nursery School is an inclusive community that welcomes and supports pupils with medical conditions. We understand that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions.

We believe that pupils at this school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

We work in full consultation with health and social care professionals, pupils, parents and carers to ensure that the needs of children with medical conditions are effectively supported and parents and pupils feel confident. We also recognise that each child is an individual and all children with the same condition will not have the same needs. We recognise that flexibility may be needed to ensure pupils receive a full education.

Our overall aim is to ensure that all children with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This includes supporting pupils with educational, social and emotional implications associated with medical conditions. It takes into account that many medical conditions that require support at school will affect quality of life and may be life-threatening.

We recognise that some children with medical conditions may have a disability. Where this is the case we comply with our duties under the Equality Act 2010. Some children may also have special educational needs and disabilities (SEND) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice.

## **Policy Implementation**

### **We aim that this policy will.....**

- Give confidence to parents and pupils that the school is able to provide effective support for medical conditions in school.
- Recognise that medical conditions can impact on a pupil's ability to learn.
- Recognise the need to increase pupil confidence and promote self-care.
- Ensure staff are properly trained to provide the support the child needs.

No child with a medical condition will be denied admission or prevented from taking up a place in the school, even when arrangements for their medical condition have not yet been made. The only exception would be if the pupils' health would be put at unnecessary risk from, for example, infectious diseases, or if they required a Health Care Plan to be in place before they return to school in order to ensure their wellbeing whilst in school.

This policy will be reviewed annually and will be available for school staff and parents via the website. The Headteacher is the named person with overall responsibility for policy implementation. Alongside the Head teacher, other staff such as the administrator, SENDCo, class teachers and health care professionals will carry out the following duties:

- Ensure sufficient staff are suitable trained.
- Ensure all relevant staff are made aware of the child's condition (where relevant, Health Care Plans will be shared with staff members).
- Ensure there are cover arrangements in case of staff absence or turnover.
- Ensure supply staff are briefed.
- Carry out risk assessments for school visits and other school activities outside of the normal timetable.
- Monitor individual healthcare plans.

### **School procedures when notification is received that a child has a medical condition:**

- Arrange a meeting with parents or carers to discuss child's individual needs.
- Prepare individual healthcare plan with parents, pupils and relevant health care professionals.
- Organise training of relevant staff.
- Make all relevant staff aware of the child's medical condition.
- Monitor healthcare plans annually, or sooner if the pupil's needs change.

These procedures apply for pupils transferring to our school either at the beginning of a term or midway through. We aim to have arrangements in place for the start of the relevant school term, or within two weeks of a new diagnosis or midterm transfer.

## **Individual Healthcare Plans**

Individual healthcare plans help to ensure that we 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 or carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

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 SEND but does not have an 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, a specialist or the Children & Young

Persons Nursing Team, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim is to capture the steps which the school should 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. 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 well-being and minimises disruption.**

Where the child has a special educational need identified in an 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.

#### **Recorded in the Healthcare Plan should be:**

- 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**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parents, carers and pupils is critical.

**Governing bodies** - must 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 should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with **medical conditions**. 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** – should ensure that their 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. 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 Specialist Nurse Training Team in the case of any child who has a medical condition that may require support at school.

**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.

**Specialist Nurse Trainers** 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, including GPs and paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**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.

**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.

**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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**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 participation 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.

**Clinical commissioning groups (CCGs)** – 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 cooperate 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.

**Ofsted** – Ofsted's common inspection framework 1<sup>st</sup> September 2015, was 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 pupils with special educational needs and disabilities, and also by pupils spiritual, moral, social and cultural development.

### **Staff Training and Support**

Staff will be fully supported in carrying out their role to support pupils with medical conditions. This will be through regular training and access to advice and support from other staff, healthcare professionals and parents. Training needs are assessed on an individual basis, dependent on the needs of the child and the experience of the staff involved in their care. Any member of school staff providing support to a pupil with medical needs will receive suitable training, which will 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. Training will be commissioned and provided by the relevant healthcare professional, who will agree with the school the type and level of training required. Training will be sufficient enough to ensure the staff are competent and confident and can fulfil the requirements set out in the healthcare plan.

Whole staff training will take place to raise awareness of the school's policy for supporting pupils with medical conditions and will set out roles in implementing this policy. New staff will be made aware of the policy and individual pupils needs where relevant. Again, the advice and support of the relevant healthcare professional as well as parents will be obtained to help ensure that all medical conditions affecting pupils in the school are understood fully. All staff have regular first aid training and have easy access to first aid equipment. The main first aid box is located in the medical area between the hall and the library. All classrooms have a basic first aid kit and full, portable kits are taken on any off-site visits. **Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions and healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **Child's Role:**

Children who are competent to manage their own health needs will be encouraged to do so. This will be assessed through discussion with parents and recorded in the individual healthcare plan. Wherever possible, children would 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**

As a school we have decided that we will administer any medication is necessary to treat minor ailments e.g. Calpol. The medication must be in the original bottle/packaging. The parents will fill in the form required to give permission for the medication to be administered. The date, child's name and required dose will be clearly stated on the form. The medicine will be kept in the school office during the day. Two members of staff will be present when the medicine is taken.

Children taking prescribed medication must be well enough to attend school. However, staff will administer medication that has been prescribed by the doctor, e.g. antibiotics, if a dose is required during the school day. The medication must be in the original bottle/packaging and have the date, child's name and required dose clearly stated. The parents will fill in the form required to give permission for the medication to be administered. The medicine will be kept in the school office during the day. Two members of staff will be present when the medicine is taken.

The only other time when staff will supervise a child self-administering medication is on a school visit, when travel sickness tablets are required for a return journey. If parents request this, they must complete and sign a form before the visit and have this approved by a member of staff.

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

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication 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 that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage, specific to the child. 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. If up-to-date information is not provided, the school may request specific details from the medical professional that prescribed the course of medication.

All medicines should be stored safely. Staff should know where their medicines are at all times and be able to access them immediately. Staff should know who holds the key to the storage facility, if kept locked, though medicines are largely kept in the school office or in the fridge in the Family Room, for administration. Medicines and devices such as asthma inhalers, epilepsy medication, 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.

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 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. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Record Keeping**

Parents and carers are asked if their child has any medical conditions on their admissions form.

The school will ensure that written records are kept of all medicines administered to children. Parents will be informed if their child has been unwell at school.

An Individual Healthcare plan will be used to support an individual pupil with medical needs.

### **Emergency Procedures**

Our school has arrangements in place for dealing with general emergencies, including on school trips. However, 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, a member of staff, preferably known to the child, will 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.

### **Home-to-school Transport**

This is the responsibility of the local authority, who will be informed if a pupil accessing home-to-school transport has an individual health care plan, and what it contains, especially in relation to emergency situations.

### **Day trips, residential visits and sporting activities**

The school will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be made 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 our pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school 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. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. The school will also note Health and Safety Executive (HSE) guidance on school trips.

### **Unacceptable practice**

Although school staff will 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 or medical room 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. If a child presents with toileting difficulties we will support the family through our Parent Advisor and seek advice from the Child & Young Persons Nursing Team. No parent should have to give up working because the school is failing to support their child's medical needs.

- 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**

The Governing body has ensured that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school is covered by the LCC Public Liability Insurance. The Insurance policies are accessible to staff providing medical support. If staff members take children with a medical emergency in their own car, they must have their own personal car insurance that is applicable for transporting children.

### **Complaints**

Complaints will be dealt with in line with the school complaints procedure. 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 will 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.

### **Safeguarding procedures**

At St Faith's we have a positive culture of safeguarding, with effective policies and procedures in place. Our safeguarding procedures are outlined in our Child Protection and Safeguarding Policy, which can be found on our website <https://stfaithscofe.secure-primariesite.net/safeguarding-information-and-policies/>.

### **Review**

Approved by the governing body on:-	January 2025
Signed (Governor)	<i>Dave Vincent</i>
Signed (Subject Leader)	<i>Hayley Palmer</i>
Review Date	January 2026



## **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<sup>14</sup>**

<sup>14</sup> <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

**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, e.g. templates, and to organisations providing advice and support on specific medical conditions.