

Bramingham Primary School



Medicine Policy

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Contents

The aim of our policy 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.

The governing body will ensure that arrangements are in place to support pupils with medical conditions, ensuring that such children can access and enjoy the same opportunities at school as any other child.

As a school we will work together with our local authority, health professionals and other support services to ensure that children with medical conditions receive a full education. We acknowledge that this will require flexibility and may 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 will also be given to how children will be reintegrated back into school after periods of absence.

We will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. Together with the governing body, we will ensure that their arrangements give parents and children confidence in the school's ability to provide effective support for medical conditions in school. We 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. We will ensure that staff are properly trained to provide the support that children need.

We acknowledge and believe 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.

The governing body will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They therefore acknowledge that they 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.

All arrangements put in place will be sufficient to meet statutory responsibilities and governors will ensure that policies, plans, procedures and systems are properly and effectively implemented in alignment with their wider safeguarding duties.

This policy will be regularly reviewed and will be readily accessible to parents and school staff. It can be found on the school's website.

Satinder Bains is the person who has overall responsibility for the implementation of this policy. Helen Shepherd is responsible for ensuring that sufficient staff are suitably trained in line with healthcare plans, and will

ensure that all relevant staff will be made aware of a child's condition. Helen Shepherd will take responsibility for cover arrangements in case of staff absence or staff turnover to ensure someone is always available. She will brief supply teachers and support teachers with their risk assessments for school visits and other school activities outside of the normal timetable. She will also monitor the individual healthcare plans.

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

- Each child will require their individual needs to be met. The best way to do this will be to arrange meetings with health professionals, with the setting where the child currently attends and with parents. From this meeting a plan of action will be agreed. This will also cover any transitional arrangements necessary. Wherever possible we will aim the process to be in place for the child to start at the beginning of a school year, or within two weeks if they are joining mid year. There may be exceptions to this when medical procedures require complex training. However, we would hope that we will be made aware in advance of children joining us so the training can begin as soon as is possible. We acknowledge that at times there may not be the healthcare professionals available. Our aims will remain the same - meeting the individual needs of the child.
- We will not always wait for a formal diagnosis before providing support to children. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plans

The member of staff who will develop these and monitor them is Helen Shepherd.

The member of staff with responsibility is Satinder Bains.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

We acknowledge as a school that different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. All relevant professionals, parents and whenever possible the child, will be involved in the setting up of a healthcare plan. It will be agreed who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented will rest with the school. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will ensure that they are developed with the child's best interests in mind and we will assess and manage risks to the child's education, health and social well-being and minimise disruption. 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 closely with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The information recorded on individual healthcare plans will take into consideration 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 SATs, use of rest periods or additional support in catching up with lessons, counselling sessions, access arrangements eg. use of scribe/laptop;
- 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, 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.

Roles and Responsibilities

We acknowledge that supporting a child with a medical condition during school hours is not the sole responsibility of one person. We work cooperatively with other agencies.

The Governing Body

- Will make arrangements to support children with medical conditions in school, and will make sure that this policy for supporting children with medical conditions in school is developed and implemented.
- Will ensure that a child with a medical condition is supported to enable the fullest participation possible in all aspects of school life.
- Will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Will ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this policy for supporting children with medical conditions and understand their role in its implementation.
- Will ensure that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement this policy and deliver against all individual healthcare

plans, including in contingency and emergency situations. Satinder Bains and Helen Shepherd will support the implementation of the policy which will be overseen by the Headteacher who will have overall responsibility for the development of individual healthcare plans.

- Will make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School Staff

Any member of school staff may be asked to provide support to children 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 children 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 child with a medical condition needs help.

School Nurses

We have access to the school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, 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 (eg. asthma, diabetes).

Children

Children 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 children will often be sensitive to the needs of those with medical conditions.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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 cooperation 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 well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

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)

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 (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.

Ofsted

Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, 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. This school is expected to have a policy dealing with medical needs and we are able to demonstrate that this is implemented effectively.

Staff Training and Support

Any member of school staff providing support to a child with medical needs will have received 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 children with medical conditions should be included in meetings where this is discussed. We have a large bank of staff trained in a wide range of medical procedures. We ensure that this training is kept up to date. Wherever possible 3 members of staff are trained in any one procedure. We will ensure that each trained member of staff has the opportunity to carry out the procedures by not keeping the same person medically supporting a particular child. Staff have the opportunity to discuss their training needs in weekly evaluations. Staff carrying out medical procedures will be observed by line managers in addition to healthcare professionals. Any member of staff expressing any concerns whatsoever will be fully supported until they feel confident. Advice from our healthcare team will be sought whenever appropriate. There will be times when whole school awareness training needs to take place. This will be lead by healthcare professionals whenever possible. There may be times when we choose to arrange training ourselves. Helen Shepherd will be responsible for ensuring any training remains up-to-date.

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.

As part of any care plan healthcare professionals, including the school nurse, may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Any training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

It is recognised 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 will always be asked for their views. They will be able to provide specific advice, but will not be the sole trainer.

Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations staff are covered provided they have followed the Care Plan in place and have had relevant training.

The Child's Role in Managing Their Own Medical Needs

Wherever possible, children who are competent to manage their own health needs and medicines, in consultation with healthcare professionals and parents, will be encouraged to do so. This will be reflected within individual healthcare plans.

Wherever possible, children will be able to access their medicines for self-medication quickly and easily. They will be encouraged to take responsibility for any equipment they might need. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision which will be put in place and part of their care plan. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them, always with a view of developing ownership, responsibility and independence.

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 so that alternative options can be considered.

Managing Medicines on School Premises

The following principles will be followed:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- all medicines will be administered in the medical room or the clean room

- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg. for pain relief, will never be administered without first informing parents or following the administration of medicine procedures/obtained prior authorization from the parents
- parents/carers should be encouraged to request, where possible, that medication be prescribed in dose frequencies, which enable it to be taken outside school hours. Medicine prescribed for 3 doses per day should not normally require administration during the school day.
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- where there is an expiry dated from opening the medicine, this will be clearly written on a pink, easily visible label which will be placed on the bottle and the packaging if present. A checklist will be put with each care plan for the 2 members of staff to work through
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away, including 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

We 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.

Children are given slips which describe any injury and how they were treated. As an added precaution, on the reverse of the slip is a script describing what to look out for in the case of delayed concussion. Children will not be sent back to class with their slips. These will be put in the register, or taken to the teacher by a member of staff.

A child complaining of a head injury will lead to parents being informed. If they are sent back to class the adults in the class will be made aware of the injury in order to 'keep an eye' on the child.

Emergency Procedures

Children requiring different procedures during any emergency situation will have a separate risk assessment. Healthcare plans will also 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 children in the school will also know what to do in general terms, such as informing a teacher immediately if they think help is needed. Parents will be kept informed of these arrangements.

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. The child will always be given options as to who they would like to accompany them. A member of the office staff will ensure siblings are kept informed.

We will need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits and Sporting Activities

We fully understand the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so. Teachers will 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 children 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 always consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. Risk assessments will be carried out by a team of people who best understand the child's needs, so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will include Provision Manager, Parents, the child, healthcare professionals and the teacher and support staff.

Other issues for consideration

- home to school transport – we work closely with the local authorities who take responsibility for home to school transport;
- defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it 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. We have a defibrillator as part of our first aid equipment. Staff members appointed as first aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike; and
- asthma inhalers – once regulations are changed, schools will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is producing a protocol which will provide further information.

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

Unacceptable Practice

School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. However, 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. 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.

We fully support the idea that the above should not be acceptable practice.

Liability and Indemnity

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Governing bodies should ensure that the school's policy sets out how Complaints concerning the support provided to children with medical conditions, will be handled following the school's complaints policy, however, the person who would be the named person able to deal with the complaint will be Satinder Bains, Assistant Headteacher, in her role as school SENCo.

Should parents or children still be dissatisfied with the support provided they should discuss their concerns directly with the head teacher who will seek advice from the relevant healthcare professionals. If for whatever reason this does not resolve the issue, a formal complaint may be made 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.

Ultimately, parents (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further Sources of Information

Other safeguarding legislation

- **Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.
- **Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.
- **Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- **Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- **Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate 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's 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's 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 that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

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

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.

Annex A: Model process for developing individual healthcare plans

