



BASTON CE PRIMARY SCHOOL

Policy for supporting pupils at school with medical conditions

The following policy decisions have been taken with regard to the statutory guidance for governing bodies 'Supporting pupils at school with medical conditions' December 2015.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips, physical education, remain healthy and achieve their academic potential.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

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, schools should establish relationships with relevant local health services to help them. It is crucial that schools 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 governing bodies must comply with their duties under that Act. Some may also have special educational needs

(SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this 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.

Responsibility for implementation

The governing body of Baston CE Primary School is fully committed to ensuring that full support is given to pupils with medical conditions and that such children can access and enjoy the same opportunities as any other child.

The governing body has delegated to the headteacher:

- Overall responsibility for policy implementation.
- Responsibility for ensuring that sufficient staff are suitably trained,
- The commitment that all relevant staff will be made aware of the child's condition,
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- Briefing for supply teachers,
- Risk assessments for school visits, holidays, and other school activities outside the normal timetable, and
- Monitoring of individual healthcare plans.

This policy will be given to all new employees as part of their induction training. It will be referred to during the annual safeguarding refresher training in September of each academic year.

Procedure for pupils with medical conditions joining the school

For children joining Baston CE Primary School in the Early Years Foundation Stage, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Baston CE Primary School mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

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

Individual Healthcare Plans

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A.

All Individual healthcare plans must include key information and actions needed in order to be effective for the specific needs of the pupil. The plan should be easily accessible to all who need to refer to it, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Baston CE Primary School acknowledges that 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 should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

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

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

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

- the medical condition, its triggers, signs, symptoms and treatments,
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

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 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.

Some of the most important roles and responsibilities at Baston CE Primary School for supporting pupils with a medical condition are listed below -

The Governing body should ensure that:

- arrangements are made 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.
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- 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.

The Headteacher should 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.
- all staff who need to know are aware of the child's condition.
- 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.
- individual healthcare plans are developed for pupils who need them.
- school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Parents should ensure that:

- they notify the school that their child has a medical condition.
- the school is provided with sufficient and up-to-date information about their child's medical needs.
- they are involved in the development and review of their child's individual healthcare plan.
- they carry out any action they have agreed to as part of the implementation of the individual healthcare plan, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Pupils should ensure that:

- they provide information about how their condition affects them.
- they are 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.

The whole school team at Baston CE Primary School is committed to ensuring that other pupils are sensitive to the needs of those children with medical conditions.

School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

- At Baston CE Primary School we recognise that administering medicines is not part of teachers' professional duties but we take into account the needs of pupils with medical conditions in our care.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses must:

- notify 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.
- support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.
- 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, pediatricians and specialist local health teams, should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing individual healthcare plans as necessary.
- provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local Authorities

Under Section 10 of the Children Act 2004, LAs have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, 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).

Clinical Commissioning Groups (CCGs) should:

- commission other healthcare professionals such as specialist nurses.
- 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.
- 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).
- 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.
- be aware that since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should also 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.
- know that children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support.
- 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 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.
- provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

OFSTED

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.

Staff training and support

Baston CE Primary School is committed to ensuring that any member of school staff providing support to a pupil with medical needs will have received suitable training.

Training needs will be identified during the development or review of individual healthcare plans. Prior training, knowledge and experience of the member(s) of staff involved in supporting pupils with medical conditions will be considered and a sufficient level of additional training will be provided as necessary. Staff who provide support to pupils with medical conditions will be included in meetings when training is discussed.

Relevant healthcare professionals will be asked to advise on identifying, agreeing and - when applicable - providing the type and level of training required. The school may choose to arrange training itself and will ensure that it 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. We will ensure that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

We will liaise closely with necessary healthcare professionals, including the school nurse, who can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whole-school awareness training

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.

We will ensure that induction arrangements for new staff include the sharing of this policy.

Relevant healthcare professional are asked to advise on training to 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.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views.

The administration of medication

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. However, the school may use its discretion to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The child's role in managing their own medical needs

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.

Wherever possible, children will be allowed to carry their own medicines and relevant devices. Where this is not possible, the school will ensure that children can access their medicines for self-medication quickly and easily.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff will help to administer medicines and manage procedures for them.

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

Managing medicines on school premises

- In accordance with the statutory guidance for governing bodies 'Supporting pupils at school with medical conditions' December 2015, medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Baston CE Primary School will only accept medicines if these are in-date, labelled, provided in the original container 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.
- Medicines will only be accepted for administration with a complete and signed consent form.
- Medicines will not be administered without a telephone call from a parent or designated person to remind staff to administer. In the event that no call is made to school at the designated time, the medicine will not be administered.
- All medicines will be stored safely. This safe place is a first aid cupboard in the main office. Refrigerated medicines are stored in a locked metal case in the kitchen fridge and the key is held in the main office. Children will know where their medicines are at

all times and we will be able to access them immediately. Where relevant, children will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This will be considered when outside of school premises, e.g. on school trips.

- No child will 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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Baston CE Primary School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record will be kept 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 will be noted in school
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication will never be administered without first checking maximum dosages and when the previous dose was taken.

Record keeping

Written records will be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Parents are always informed if their child has been unwell at school. This may be done via verbal or written communication. A record book is kept for any child with a medical condition and key information is logged according to specific needs surrounding the individual condition.

Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The member of staff

accompanying the child should take with them a copy of the child's individual health care plan, if they have one, and a mobile phone.

Defibrillators

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. Our closest defibrillator is located on Main Street, close to the entrance to Baston Playing Fields in the village of Baston.

Staff members are trained in the use of CPR.

Day trips, residential visits and sporting activities

Baston CE Primary School fully supports all pupils with medical conditions to participate in school trips and visits, or in sporting activities, and will work hard to ensure that nothing prevents such children from doing so.

Teachers will be aware of how a child's medical condition will impact on their participation, but there will be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Baston CE Primary School 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.

Baston CE Primary School will consider what reasonable adjustments might be made 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. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- 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 school's insurance arrangements provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare 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.

The school insurance policies can be accessed via the Senior Administrator of the school.

Complaints

Should parents be dissatisfied with the support provided they should discuss their concerns directly with the school and in line with the school's Complaints Policy. This policy can be found on the school website.

Monitoring and Review

This policy will be reviewed every two years (or earlier as advised) by the Pupil Support, Community and Leadership Committee.

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 Practice¹⁴

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



