RIVER LEARNING TRUST HEALTH & SAFETY		
Document Type:	Guidance Notes	
Document Title:	Supporting Children with Medical Conditions Guidance	
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Purpose/ Introduction

These guidance notes should be read in conjunction with the separate Policy document 'Supporting Children with Medical Conditions and Medicines POLICY'

Pupils, staff and parents understand how our schools will support pupils with medical conditions. Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

This document should be read in conjunction with the 'Supporting Children with Medical Conditions' Policy in accordance with regulations and guidance RLT will ensure arrangements are in place to support pupils with medical conditions.

Contents

20. References and Further Sources of Information

1. Staff Responsibility

The Headteacher will accept responsibility for school employees and the provision of the necessary secure storage of medicines.

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff will follow the school's normal emergency procedures (for example, calling 999).

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

2. Staff Training & Support

Staff will be supported in their role to support pupils with medical conditions. Suitable training should 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. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

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

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Any member of school staff providing support to a pupil with medical needs should have received suitable training.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. However, staff must not give prescription medicines or undertake healthcare procedures without appropriate training which reflects requirements within individual healthcare plans.

Whole-school awareness training should take place so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Each school should ensure that a list of trained first aiders is displayed, and that a list of staff trained to administer medicines should be available, including those who have had specialist training, eg epipen

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

Governing bodies should consider providing details of continuing professional development opportunities.

2. Pupil Competency

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

3. Best practice in Supporting Pupil

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally **not** acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

4. Individual Healthcare Plan (IHP)

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 SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

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.

Plans should be 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.

If an Individual Healthcare Plan (IHP) is drawn up then the following should be considered when deciding what information should be recorded on individual healthcare plan

- 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, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring including who to contact, and contingency arrangements.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil'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.

The responsible member of staff follows up with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

- Parents should be regularly reminded to update their child's Healthcare plan if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change.
- Every pupil with a Healthcare Plan should have their plan discussed and reviewed at least once a year.
- Parents and children are provided with a copy of the pupil's current agreed Healthcare Plan.

- Healthcare Plans are kept in a secure central location at school.
- All members of staff who work with groups of children have access to the Healthcare Plans of children in their care.
- When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of children in their care.
- The School should seek permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission should be included on the Healthcare Plan.

5. Administering Medicines

Generally medicines (both prescription and non-prescription) must only be administered to a child by the parent, or where written permission has been obtained from the parent. 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. If a child needs to take medicines (say) three times a day such as antibiotics then the parent must come into school to administer or supervise self administration or alternatively arrange for a nominated person who is not a member of staff to come in to school.

Reference 1

Prescription medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Where a member of staff is required to administer medicine;

- A signed and completed consent for the school to administer that particular medicine has to be obtained from the child's parent and/or carer. This should include;
    - The dose and strength of the medication is indicated on the consent form
    - The illnesses for which the medication can be given in school e.g. high temperature or type of pain
- Staff must keep a written record each time a medicine is administered to a child, and
- inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

Non-Prescription Medicines such as Calpol, Parcetomol and Ibuprofen should only be administered in school under the following conditions by appropriately trained staff. Only one dose may be given by school staff in any school day.

In secondary schools you can have an opt out system for paracetamol - ie parents have to let you know they DO NOT want you to give it. In these circumstances, you need a central point for the administration in these circumstances.

The student can be asked if they have already taken a dose and then if uncertain, phone parents (mainly as they are allowed to carry this and they may have got some form friends etc!).

A signed and completed consent for the school to administer Paracetamol is held in school and updated annually, it includes the following:

The dose and strength of the medication is indicated on the consent form

The illnesses for which the medication can be given in school e.g. high temperature or type of pain

Staff must make contact with parents/guardians to find out if the child has had Medication within the previous four hours.

If staff are unable to contact a parent/guardian then Paracetamol will not be administered in school until 4 hours after the child has arrived in school e.g. after 11:00am.

staff will inform parent/guardian in writing that their child has been given Paracetamol in school in accordance with the consent form stating the amount and time that it was given.

No more than a total of four doses of Paracetamol relevant to the child's age or weight should be given in a 24 hour period with at least four hours in between each dose.

6. Medication on School Trips

Arrangements should be clear and unambiguous about the need to support actively pupils with medical conditions to participate in all of these activities. There should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.

Schools should consider what reasonable adjustments they 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.

Pupils needing medication on school outings must have their medicine and medicine record sheet plus consent forms accompanying them.

Pupils on day visits must take their school supply with them. Staff trained members of staff are responsible for collecting and carrying the child's medication for the visit from the locked cabinet.

For visits of more than one day parents must organise and supply sufficient medication for the visit in clearly dispensed and labelled containers by a pharmacist. Volunteer trained staff must ensure that medication is transported and stored in a lockable container and then returned to the appropriate locked cabinet or parent immediately on return from visits.

7. Children with Epilepsy

Epilepsy is usually only diagnosed after a person has had more than one seizure. Not all seizures are due to epilepsy. Other conditions that can look like epilepsy include fainting, or very low blood sugar in some people being treated for diabetes. Anyone can develop epilepsy at any time of life. It happens in people of all ages, races and social classes. Epilepsy is most commonly diagnosed in children and in people over 65. There are over half a million people with epilepsy in the UK, so around 1 in 100 people
(Reference 2)

- Most seizures happen suddenly without warning, last a short time (a few seconds or minutes) and stop by themselves.
- Seizures can be different for each person.
- Just knowing that someone has epilepsy does not tell you what their epilepsy is like, or what seizures they have.
- Calling seizures 'major' or 'minor' does not tell you what happens to the person during the seizure. The names of seizures used on this page describe what happens during the seizure.
- Some people have more than one type of seizure, or their seizures may not fit clearly into the types described on this page. But even if someone's seizures are unique, they usually follow the same pattern each time they happen.
- Not all seizures involve convulsions (jerking or shaking movements). Some people seem vacant, wander around or are confused during a seizure.
- Some people have seizures when they are awake, called 'awake seizures'. Some people have seizures while they are asleep, called 'asleep seizures' (or 'nocturnal seizures'). The names 'awake' and 'asleep' do not explain the type of seizures, only when they happen.

- Injuries can happen during seizures, but many people don't hurt themselves and don't need to go to hospital or see a doctor.

Tonic clonic and clonic seizures

How to help during the seizure:

- try to stay calm
- check the time to see how long the seizure lasts (because there may be a risk of status epilepticus - see below)
- only move the person if they are in a dangerous place, for example in the road. Instead, move any objects (such as furniture) away from them so that they don't hurt themselves
- put something soft (such as a jumper) under their head, or cup their head in your hands, to stop it hitting the ground
- do not hold them down - allow the seizure to happen
- do not put anything in their mouth - they will not swallow their tongue
- try to stop other people crowding around.

How to help once the shaking stops:

- gently roll them on to their side into the recovery position
- if their breathing sounds difficult or noisy, gently open their mouth to check that nothing is blocking their airway
- wipe away any spit from their mouth
- try to minimise any embarrassment. If they have wet themselves, deal with this as privately as possible (for example, put a coat over them).
- stay with them until they have fully recovered. They may need some gentle reassurance.

Some people recover quickly from a tonic clonic seizure but often they will be very tired, want to sleep and may not feel back to normal for several hours or sometimes days.Most people's seizures will stop on their own and the person will not need any medical help. However, if you are not sure whether someone is recovering from a seizure, they have hurt themselves during the seizure, or if you have any concerns about them, you might want to think about when to call for an ambulance.

Status epilepticus

A person's seizures usually last the same length of time each time they happen, and stop by themselves. However, sometimes seizures do not stop, or one seizure follows another without the person recovering in between. If this goes on for 5 minutes or more, it is called status epilepticus, or 'status'.Status is not common, but can happen in any type of seizure and the person may need to see a doctor.Status in a tonic clonic seizure is a medical emergency and the person will need urgent medical help. It is important to call for an ambulance if the seizure goes on for more than 5 minutes.

Some people are prescribed emergency medication, either buccal midazolam or rectal diazepam, to stop their seizures. Carers need training in giving emergency medication. It is important for the person to have an individualised written protocol (plan) about when to give it, for the carer to follow.Checking the length of a seizure is essential in avoiding status (see above). Another important reason to check the time and note the length of a seizure is so that you can pass this information on afterwards to the person who has had the seizure. Many people keep a record of their seizures, and a description of the seizure and how long it lasted can be vital information for them to record, and pass on to their specialist.

Schools should conduct a risk-assessment for any pupil at risk of an Epilieptic seizure taking part in a school trip off school premises, in much the same way as they already do so with regard to safe-guarding etc and there should be staff trained to administer medication in an emergency.

8. Children with Asthma

1.1. Parents who identify that their child has asthma on their registration form will be asked to complete an *Asthma Record* which details their child's medication, symptoms and triggers. Parents will be required to update this every year.

1.2. All children who have been diagnosed with Asthma will require a spare inhaler in school at all times to treat symptoms and for use in the event of an asthma attack.

1.3. From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

1.4. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

1.5. The inhaler can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty).

1.6. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. 1.7. The *Procedure for use of the Asthma Emergency Inhaler Kit* sets out how and when the inhaler should be used and will also protect staff by ensuring they know what to do in the event of a child having an asthma attack. (Appendix 5-7.)

1.8. Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhalers should be readily available and kept in a medical box with the child's photograph and name clearly visible.

1.9. All medical boxes and inhalers must be clearly labelled and include guidelines on administration.

1.10. All administration of an inhaler should be logged .

1.11. It is the responsibility of the parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

1.12. If an Asthma Emergency kIt is used an appointed person will check the condition of the *Kit* every term. Checks should be recorded .

9. Children with Epipens

Guidance on the use of Adrenaline Auto-Injectors in schools

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes.

Children and young people diagnosed with an allergy to foods or insect stings are frequently prescribed Adrenaline Auto-Injectors (AAI) devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire. Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted. It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available.

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regard to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency.

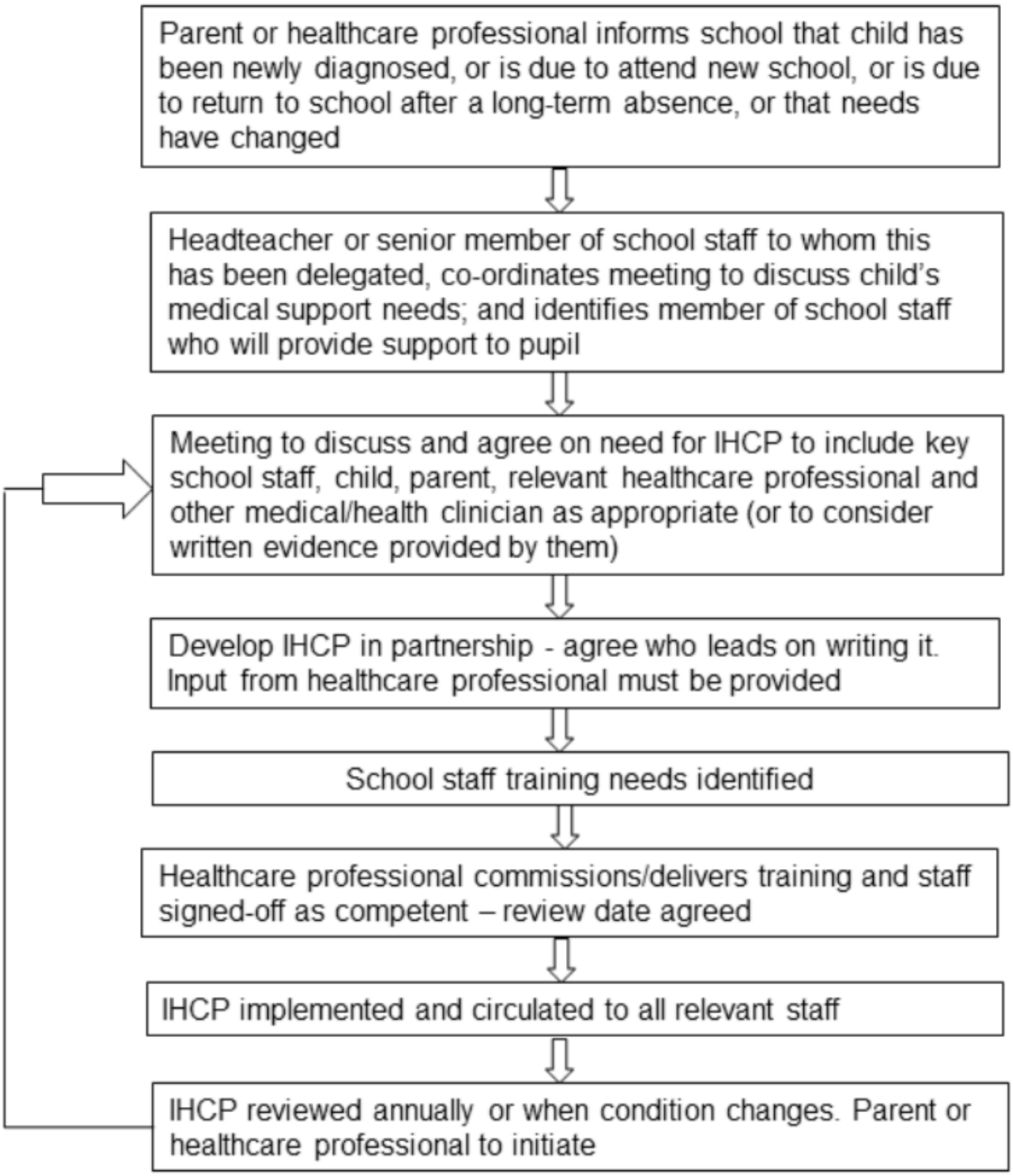
10. Medication Error

If a medication error is made, contact the Headteacher or the Senior Leader who is responsible in their absence. They must contact the GP or Prescribing Nurse for advice and act accordingly, and then inform the child's parent or legal guardian. An accident report form (form AR1) must be completed. If a Health Care Professional has administered the medication in error then a Clinical Incident Form must be completed.

11. Disposal of Medicines

Unused or date expired medicines must be returned to parent/legal guardian or the Pharmaceutical services for disposal. Advice can be sought from the NHS Health Care Professional.

12. Model process for developing individual healthcare plans



13. Template A: Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

Doctor (G.P.)

Name	

Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

14. Template B: Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	**[agreed member of staff]**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date_____

15. Template C: Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____ Signature of parent _____

Date	Time given	Dose given	Name of member of staff	Staff initials

16. Template D: Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [enter name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

17. Template E: Contacting Emergency Services

Request an ambulance - dial 999 and ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. **your telephone number**
2. **your name**
3. **your location as follows [insert school/setting address]**
4. **state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**
5. **provide the exact location of the patient within the school setting**
6. **provide the name of the child and a brief description of their symptoms**
7. **inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**
8. **put a completed copy of this form by the phone**

18. Template F: letter inviting parents to contribute to Individual Healthcare Plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for< Date > I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

19. References and Further Sources of Information

References 1. https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication

Reference 2

https://www.epilepsysociety.org.uk/school-education-and-epilepsy#.W-6ax-iTKUl

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
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.