



## **POLICY – SUPPORTING PUPILS WITH MEDICAL CONDITIONS**

Date of Adoption:	FEBRUARY 2025	Date of Review:	FEBRUARY 2026
Author:	R CHAMBERS	Committee responsible for Review:	FGB
Version:	APPROVED at FGB	Date approved:	26.02.2025
CHANGES SINCE LAST REVISION:	No changes made to Jan2024 review/ no change to government guidance		

Office use only:

### **Introduction**

St Paul's Catholic Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's statutory guidance that came into force on 1<sup>st</sup> September 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. It is also based on the DfE's statutory guidance on supporting children with medical conditions at school (Dec 2015).

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

### **Special Educational Needs and Disability (SEND) Code of Practice.**

The SEND 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.

### **Key Roles and Responsibilities**

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. The school will provide effective support which 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. It is essential therefore to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Where children are not able to attend school due to their medical condition, the school will work with the family and Local Authority to provide appropriate learning support. (See separate policy for more details: 'Children With Health Needs Who Cannot Attend School')

Some of the most important roles and responsibilities are listed below.

**The Local Authority (LA) is responsible for:**

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

**The Governing Body is responsible for:**

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of St Paul's Catholic Primary School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity / national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to access as many aspects of school life as possible.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Know where to access written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.
- The Governing Body is responsible for ensuring the implementation of this policy.

**The Headteacher is responsible for:**

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of St Paul's Catholic Primary School.
- Ensuring the policy is developed effectively with partner agencies
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know, aware of a child's medical condition.
- Ensure that the SENDCo is developing and monitoring Individual Healthcare Plans (IHCPs) when necessary.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Risk assessments for school visits, holidays and other school activities outside the normal timetable.
- Contacting the school nursing service in the case of any child who has a medical condition.
- Ensure that supply staff are fully briefed if necessary.

#### **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions and giving medication.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

#### **School Nurses are responsible for:**

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

#### **Parents and carers are responsible for:**

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- **Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.**

#### Definitions

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a doctor.

"Staff member" is defined as any member of staff employed at St Paul's Catholic Primary School, including teachers.

## **Training of Staff**

- Any member of school staff providing support to a pupil with medical needs should have received suitable training.
- Teachers and support staff will receive regular and ongoing training as part of their development, where necessary. This will include an annual offer of training from the West Berkshire School Nursing Team.
- Other suitable training may be identified during the development or review of individual healthcare plans.
- 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.

No staff member may administer drugs by injection unless they have received training in this responsibility.

The Finance Office will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

## **The Role of the Child**

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Children will know where their adrenaline auto injector pumps and inhalers are kept in the classroom.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a member of staff.

## **Individual Healthcare Plans (IHCPs) (See also Appendices 1 – 3)**

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs & Disabilities Coordinator (SENDCO) and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a 'parental agreement for a school to administer medicine' form. (Appendix 4)
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, **(except in the case of adrenaline auto injector or insulin which may come in a pen or pump)** labelled and provided in the original container **with dosage instructions**. Medicines which do not meet these criteria will not be administered. This is checked on a half termly basis by the Admin Assistant. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container.
- A maximum of a half term supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence.
- Medications will be stored in the fridge in the teachers' workroom or in a locked cupboard.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children. (Appendix 10)
- Pupils will never be prevented from accessing their medication.
- St Paul's Catholic Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

## Inhalers

- When a child who has been prescribed an inhaler starts school, or as soon as they are prescribed one if they already attend school, parents are asked to complete an Asthma Action Plan (Appendix 7). This is shared with the West Berkshire School Nursing Team.
- Inhalers are kept in the child's classroom, on the inside of cupboard doors, clearly labelled in clear pouches and are available to the children when needed.
- Inhalers are self-administered, where appropriate, under the supervision of an adult. Assistance is provided as required.
- Parents are asked to sign the 'Consent for use of Emergency Salbutamol Inhaler' form (Appendix 8) to give consent for the school to administer salbutamol from the emergency inhaler in the event of a child displaying symptoms of asthma and their inhaler being unavailable or unusable.
- The Admin Assistant keeps a spreadsheet to check expiry dates.

### **Use of Emergency Adrenaline Auto Injector**

- Adrenaline auto injectors are kept in the child's classroom, on the inside of cupboard doors, clearly labelled in clear pouches and are available to the children when needed.
- When a child who has been prescribed an adrenaline auto injector starts school, or as soon as they are prescribed one if they already attend school, parents are asked to complete an Allergy Action Plan (Appendix 5). Parents of any child with a known allergy are also asked to complete an Allergy Action Plan. These are shared with the West Berkshire School Nursing Team.
- Parents are asked to sign the 'consent for emergency auto injector' form (Appendix 6) so that the emergency adrenaline injector can be used in the event of a child displaying symptoms of anaphylaxis and their auto injector is not available or unusable,

### **Emergencies**

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

### **Avoiding Unacceptable Practice**

St Paul's Catholic Primary School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **Intimate Care**

From time to time there will be children attending St Paul's Catholic Primary School requiring some help and support with intimate and personal care. This could include toileting, medical care, feeding, drinking, dressing, undressing and washing. Occasionally we may have a pupil who is completely dependent on adults for all aspects of their intimate and personal care. It is essential that intimate and personal needs should be met whilst at the same time allowing the highest standards of safety, privacy, respect and dignity, to be maintained. All children, regardless of age or special need, will be encouraged to act as independently as possible.

## **Insurance**

- Staff who undertake responsibilities within this policy are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Business Manager.

## **Complaints**

The details of how to make a complaint can be found in the Complaints Policy.

## **Equality of Opportunity**

In light of the 2010 Equality Act, this policy has been written with due consideration to its potential impact (both positive and negative) on the many diverse groups of adults and children within the school. The school has ensured that to the best of its knowledge, the statements and procedures set out in this policy do not discriminate unjustly against any such groups or individuals.

## Appendix 1 – Individual healthcare plan implementation procedure



## **Appendix 2 - Model letter inviting parents to contribute to individual healthcare plan development.**

Dear Parent,

RE: 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 with the school, parents/carers, 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 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 xx/xx/xx. 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 include add details of team. 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 add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,



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

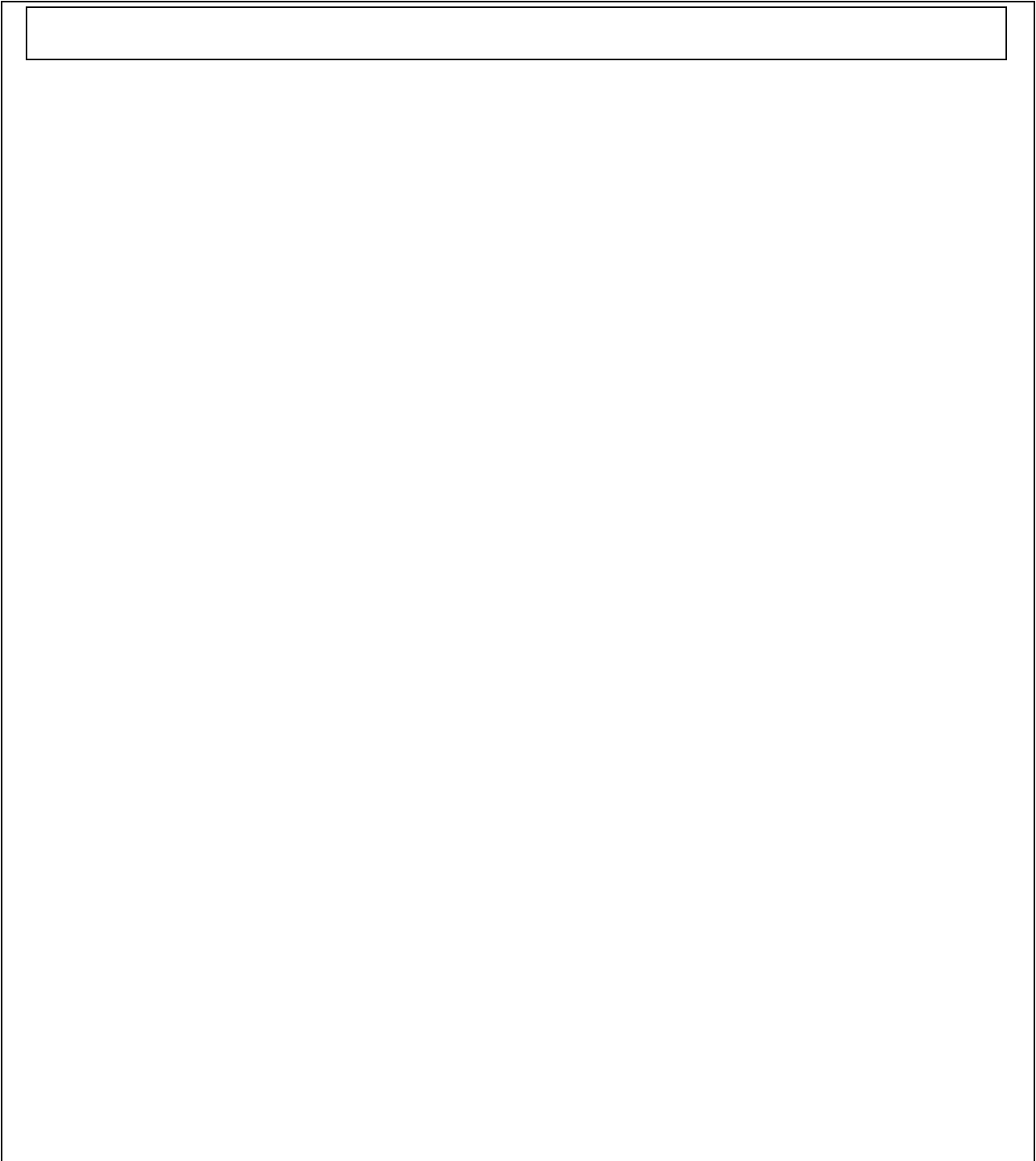
Describe what constitutes an emergency, and the action to take if this occurs.

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



**Appendix 4 Parental agreement for a school to administer medicine.**

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

**St Paul’s Catholic Primary School - Medicine Administering Form**

Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
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 in the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies (delete as appropriate)**

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Office 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

\_\_\_\_\_

# Appendix 5- Allergy Action Plan

## Allergy Action Plan

CHILD'S NAME \_\_\_\_\_

EARLY YEARS SETTING / SCHOOL \_\_\_\_\_

HAS THE FOLLOWING ALLERGIES: \_\_\_\_\_

**Child's date of birth**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NHS Number (If known)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  
Photo  
  
Emergency contact number  
\_\_\_\_\_  
Alternative emergency number  
if parent / guardian unavailable  
\_\_\_\_\_

**EMERGENCY TREATMENT**  
Name of adrenaline auto injector \_\_\_\_\_  
How many adrenaline auto injector been prescribed for use in school? \_\_\_\_\_  
Name of antihistamine (medicine for allergies). \_\_\_\_\_  
Refer to label for dosage instructions  
Name of inhaler (if prescribed) \_\_\_\_\_

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

**Action:**

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



**Watch for signs of ANAPHYLAXIS**  
(Life-threatening allergic reaction):

**Airway:** Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.

**Breathing:** Difficult or noisy breathing, wheeze or persistent cough.

**Consciousness:** Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

**If ANY ONE of these signs is present:**

- Lie child flat. If breathing is difficult allow to sit.
- Use adrenaline auto injector without delay
- Dial 999 to request an ambulance\* and say ANAPHYLAXIS (ANA-FIL-AX-IS)

**\*\*\*If in doubt give adrenaline auto injector\*\*\***

**After giving adrenaline auto injector**

- Stay with child until ambulance arrives; do **NOT** stand child up
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement after 3 minutes, give a further dose of adrenaline auto injector (if available) in the alternate leg

\*you can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

**CONSENT**

I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

I will ensure that the above medication is kept in date and replaced if used.

I consent for my child's action plan and photo to be displayed within EYS / school

I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)

Your name (Print)  
\_\_\_\_\_  
Your signature  
\_\_\_\_\_  
Please circle Parent /Guardian

Allergy action plan will be reviewed on notification of any changes

**Appendix 6 - Consent for Emergency adrenaline auto injector**

CONSENT FORM:

USE OF EMERGENCY ADRENALINE AUTO INJECTOR

St Paul's Catholic Primary School

**Child showing symptoms of anaphylaxis/severe allergic reaction**

1. I can confirm that my child has been diagnosed with a severe allergy to .....  
and has been prescribed an epipen/adrenaline auto injector.
2. My child has a working, in-date adrenaline auto injector, clearly labelled with their name, which they will keep in school.
3. In the event of my child displaying symptoms of severe allergic reaction, and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency adrenaline auto injector, held by the school for such emergencies.

Signed:..... Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

**ASTHMA ACTION PLAN**

CHILD'S NAME ..... SCHOOL .....

TYPE OF INHALER .....

NHS NUMBER ..... DATE OF BIRTH \_ \_ / \_ \_ / \_ \_



**MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:**

- WHEEZE                      ■ TIGHT or SORE CHEST
- COUGH                        ■ SHORTNESS OF BREATH

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

**CHILD'S TRIGGERS**

.....

.....

.....

**PARENTAL CONSENTS (tick boxes)**

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable

I consent for this plan to be on display in school and I will notify the school of any changes for review

Signature of Parent/Carer: .....

Date: .....

**EMERGENCY CONTACTS**

1.Name .....  
Number.....

2.Name .....  
Number.....

**IF NO IMPROVEMENT**

**SIGNS OF AN ACUTE ASTHMA ATTACK**  
If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

**During this time the child should:**

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

**IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS**

**CALL 999 IMMEDIATELY**

- CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES
- Contact parent/carers and accompany child in the ambulance until parent/carers arrive

**Appendix 8 – Consent for use of Emergency Salbutamol Inhaler**

CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER

St. Paul’s Catholic Primary School

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: .....Date: .....

Name (print).....

Child’s name: .....

Class: .....

Parent’s address and contact details:  
.....  
.....  
.....

Telephone: .....

E-mail: .....

**Appendix 9 - Record of inhaler usage**

**Name of Pupil .....Class .....**

**Type of Inhaler .....Date of Expiry .....**

**Dosage Information .....**

<b>Date</b>	<b>Time</b>	<b>No. of Puffs given</b>	<b>Spacer Used? (Y/N)</b>	<b>Assistance given? (Y/N)</b>	<b>Staff signature</b>

**Appendix 10 - Record of medicine administered to all children.**

<b>Date</b>	<b>Child's Name</b>	<b>Class</b>	<b>Time</b>	<b>Name of Medicine</b>	<b>Dose given</b>	<b>Any reactions</b>	<b>Administered by..</b>

**Appendix 11 - Contacting emergency services.**

**Request an ambulance - dial 9999 (outside line), ask for an ambulance and be ready with the information below.**

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

Your telephone number – **0118 9422003**

Your name.

Your location as follows: **St Paul's Catholic Primary School, City Road, Tilehurst, Reading, RG31 4SZ.**

The exact location of the patient within the school.

The name of the child and a brief description of their symptoms.

The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

## **APPENDIX 12 – ADVICE ABOUT OTHER AGENCIES**

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. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

### **Advice on the role of clinical commissioning groups (CCGs):**

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. 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. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

### **Advice on 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 participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### **Advice on the role of Ofsted:**

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.