



## HEALTHCARE NEEDS POLICY

**Date of issue:** February 2018

**Review date:** Winter Spring 2021

**School's full address and post code:**

Circle Way East

Cardiff

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**School's phone number:**

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**School's email address:**

[www.stteilos.com](http://www.stteilos.com)

**Website address for this policy:**

[www.stteilos.com](http://www.stteilos.com)

**Name of person responsible for maintaining this policy:**

Mrs G Scott



## Key principles

St Teilo's CIW High School will ensure that all learners with healthcare needs will have access to a full education, including school trips and physical education. The school will also implement procedures to deal with emergency medical needs.

This policy will be regularly reviewed and updated and has been written in line with the Education Act 2002, Equality Act 2010 and Welsh Government Guidance "Supporting Learners with Healthcare Needs" 215/2017.

## Key roles and responsibilities

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

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Make reasonable adjustments to ensure disabled young people are not at a substantial disadvantage compared with their peers.

### The Governing Body of St Teilo's High School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions, minimising disruption or barriers to their education.
- Ensuring arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the school Healthcare Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that



they are signed off as competent to do so. Staff to have access to information, resources and materials.

- Working collaboratively with parents/other professionals to develop healthcare arrangements to meet the best interests of the learner.
- Ensuring arrangements are in place for the development, monitoring and review of the Healthcare needs arrangements.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

**The Headteacher is responsible for:**

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care
- Notifying the LA when a learner is likely to be absent for a significant period of time due to healthcare needs.

**Staff members are responsible for:**

- Understanding and working within the principles of Inclusivity.
- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.

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- Knowing where medication are stored, where the key is held and knowing what to do in a healthcare emergency.
- Taking account of the needs of pupils with medical conditions in their class / lessons and allowing them to participate fully.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location.

### **School nurses are responsible for:**

- Collaborating and offering advice on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

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

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

### **Pupils are responsible for:**

- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

### **Training of staff:**

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Healthcare Needs' Policy as part of their induction.



- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

### Medical conditions register /list

- Schools admissions forms request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

### Individual Healthcare Plans (IHPs)

- Where necessary an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Additional Learning Needs Co-ordinator and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. If consent is sought from parents a photo and instructions may be displayed. A discreet location for storage such as Intranet or locked file is appropriate. ***However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil with a Healthcare plan also has a Statement of SEN, Individual Education Plan or Individual Development Plan; the IHP 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, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.



### Transport arrangements

- Where a pupil with an IHP is allocated school transport a copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed medication need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- Medication will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

### Education Other Than At School

- All pupils who are off school for less than 15 days due to illness or physical medical difficulties will be provided work to complete at home if the condition permits.
- All pupils who because of illness, lasting 15 days or more, would not otherwise receive suitable full-time education are provided for under the local authority's duty to arrange educational provision.

### Medicines

- Where possible, unless advised it would be detrimental to health, medicines should 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 consent to administration of medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- No child will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.



- A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- School will keep medication that have been prescribed for a pupil securely stored and only named staff should have access. Medication should be easily accessible in an emergency.
- Medications will be stored in the ALN office.
- 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.
- Pupils will never be prevented from accessing their medication.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
- St Teilo's High School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

### **Emergencies**

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- 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.

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

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice, risk assessments should be undertaken, in line with LA H&S guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

### **Avoiding unacceptable practice**

Each case will be judged individually but in general the following is not considered acceptable.

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**The following behaviour is unacceptable in St Teilo's CIW High School:**

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the school office alone or with an unsuitable escort 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.

Please refer to the 'Unacceptable Practice' section in the Welsh Government's 'Supporting Learners with Healthcare Needs' statutory guidance.

**Insurance**

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/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 Head.

**Complaints**

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

**Definitions**

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the



child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at St Teilo's CIW High School.



## Outline of legal framework

There are various duties on schools and local authorities which are relevant to safeguarding the welfare of children and young people with healthcare needs in the educational context. The main provisions are outlined below.

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only courts can give. The descriptions below are summaries of the main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at [www.legislation.gov.uk](http://www.legislation.gov.uk) though it is not all in revised and up to date form.

## General

As part of the common law, those responsible for the care and supervision of children and young people, including teachers, and other staff in charge of children, owe a duty of care to act as any reasonably prudent parent would in relation to their own children.

A person without parental responsibility for a child or young person, but with the care of that child, may do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare. This is subject, for example, to a court order prohibiting certain steps being taken in relation to that child or young person without the Court's consent (**Section 3(5) of the Children Act, 1989**)<sup>1</sup>.

## Statutory duties on governing bodies of maintained schools

- In discharging their functions relating to the conduct of the school, governing bodies of maintained schools (including maintained nursery schools) must promote the well-being of pupils at the school (**Section 21(5) of the Education Act, 2002**)<sup>2</sup>.

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<sup>1</sup> **Children Act, 1989** - <http://www.legislation.gov.uk/ukpga/1989/41/contents/enacted>

<sup>2</sup> **Education Act, 2002** - <http://www.legislation.gov.uk/ukpga/2002/32/contents>



- Governing bodies of maintained schools (including maintained nursery 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 and young people (i.e. those under 18) who are pupils at the school (**Section 175(2) of the Education Act, 2002**). In considering what arrangements are required, the governing body is to have regard to any guidance by the Welsh ministers<sup>3</sup> (**Section 175(4) of the Education Act, 2002**). Governing bodies are also subject to duties under the **Equality Act, 2010**<sup>4</sup> – see the section below for more details.

### Statutory duties on local authorities

- Local authorities have general functions in relation to providing education for their area (*in particular sections 13 to 14, 15A, 15B of the Education Act, 1996*)<sup>5</sup>.
- A local authority must make arrangements for the provision of suitable education (at school or otherwise), for children of compulsory school age who may now otherwise receive it for any period due to illness, exclusion from school or otherwise (*Section 19(1) of the Education Act, 1996*). For young persons (i.e. those who are over compulsory school age but under the age of 18), local authorities have a power (rather than a duty), to make such arrangements in those circumstances (*Section (4) of the Education Act, 1996*). In determining what arrangements to make under *Section 19(1) or 19(4)*, in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh ministers.
- A local authority must make arrangements for ensuring that their education functions are exercised with a view to safeguarding and promoting the welfare of children and young people (i.e. under 18 years old), (*Section 175(1) of the Education Act, 2002*).

In considering what arrangements are required, the local authority is to have regard to any guidance given by the Welsh Ministers (see footnote 3 on previous page), (*Section 175 (4) of the Education Act, 2002*). Some of this guidance is issued under *Section 175(4)* – it is marked in bold font.

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<sup>3</sup> This power is now vested in the Welsh Ministers, rather than the National Assembly for Wales, by virtue of paragraph 30 of Schedule 11 to the **Government of Wales Act, 2006** - <http://www.legislation.gov.uk/ukpga/2006/32/contents>

<sup>4</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>5</sup> **Education Act, 1996** - <http://www.legislation.gov.uk/ukpga/1996/56/contents>



- Local authorities have general duty to safeguard and promote the welfare of children and young people in need within their area (and so far as consistent with that, to promote the upbringing of those children by their families) by providing a range and level of services appropriate to those children's needs (*Section 17 of the Children Act 1989*).
- Local authorities must make arrangements to promote cooperation between various persons and bodies, including a local health board for an area within the local authority's area and an NHS Trust providing services in the area. The arrangements are to be made with a view to:
  - Improving the well-being of children and young people within the area;
  - Improving the quality of care and support for children and young people provided in the area (when amendments made by the **Social Services and Well-Being (Wales) Act, 2014** come into force)<sup>6</sup>.
  - Protecting children and young people who are experiencing or at risk of, abuse and other harm (when those amendments come into force), (*Section 25 of the Children Act, 2004*)<sup>7</sup>.
- **The Education (School Premises) Regulations, 1999, S.I. 1999/2**<sup>8</sup> set out requirements (for which local authorities are responsible) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination and treatment of pupils and the care of sick or injured pupils (*Regulation 5*).
- Local authorities also have duties under the **Equality Act, 2010** – see below.

### The Equality Act, 2010

Disability is a protected characteristic under the **Equality Act, 2010**<sup>9</sup>. Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the **Equality Act, 2010** which are relevant in the context of learners with healthcare needs who are disabled.

The responsible body of a school must not discriminate, harass nor victimise disabled pupils and in some cases, other particular persons. The responsible body is also

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<sup>6</sup> **Social Services and Well-Being (Wales) Act, 2014** -

<http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>

<sup>7</sup> **Children Act, 2004** - <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>8</sup> **Education (School Premises) Regulations, 1999, S.I. 1999/2** -

<http://www.legislation.gov.uk/uksi/1999/2/contents/made>

<sup>9</sup> **Equality Act, 2010** - <http://www.legislation.gov.uk/ukpga/2010/15/contents>



subject to a duty to make reasonable adjustments (*Section 85 of the Equality Act, 2010*).

Local authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- a) Increasing the extent to which disabled pupils can participate in the schools' curriculums;
- b) Improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- c) Improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled (*paragraph 1 of Schedule 10 to the Equality Act, 2010*).

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy except that it relates to the particular school (*Paragraph 3 of Schedule 10 to the Equality Act, 2010*).

In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body. In relation to a pupil referral unit, it is the local authority.

Local authorities and the governing body of local authority maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (*Section 149*). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (**Equality Act, 2010, (Statutory Duties) (Wales) Regulations, 2011 S.I. 2011/1064**).

### **Other relevant provisions**

The **Learner Travel (Wales) Measure, 2008**<sup>10</sup> places duties on local authorities and governing bodies in relation to home-school transport.

The **Data Protection Act, 1998**<sup>11</sup> regulates the processing of personal data, which includes the holding and disclosure of it.

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<sup>10</sup> **Learner Travel (Wales) Measure, 2008** - <http://www.legislation.gov.uk/mwa/2008/2/contents>



The **Misuse of Drugs Act, 1971**<sup>12</sup> and regulations made, deal with restrictions (for example, concerned with supply and possession), on drugs which are controlled. Learners may be prescribed controlled drugs.

## Appendix 3:2

### Useful relevant legislation for England and Wales

The legislation listed below can be referred to clarify the main provisions relevant to children and young people with healthcare needs.

- ❖ **Children and Families Act, 2014 (Section 100)**<sup>13</sup> - places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- ❖ **Section 21 of the Education Act, 2002**<sup>14</sup> – 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. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.
- ❖ **Section 3 of the Children Act, 1989**<sup>15</sup> – provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.
- ❖ **Section 17 of the Children Act, 1989** – gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

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<sup>11</sup> **Data Protection Act, 1998** - <http://www.legislation.gov.uk/ukpga/1998/29/contents>

<sup>12</sup> **Misuse of Drugs Act, 1971** - <http://www.legislation.gov.uk/ukpga/1971/38/contents>

<sup>13</sup> <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

<sup>14</sup> <http://www.legislation.gov.uk/ukpga/2002/32/contents>

<sup>15</sup> <http://www.legislation.gov.uk/ukpga/1989/41/contents>



- ❖ **Section 10 of the Children Act, 2004<sup>16</sup>** – provides that the local authority must make arrangements to promote cooperation 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 cooperate in the making of these arrangements.
- ❖ **Equality Act, 2010<sup>17</sup>** – 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
- ❖ **Education Act, 1996, Chapter 1 (Special Educational Needs)<sup>18</sup>**
- ❖ **Care Standard Act, 2000<sup>19</sup>**
- ❖ **Health and Safety at Work Act, 1974, Section 2<sup>20</sup>** - and the associated regulations, provides that it is the duty of the employer (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.
- ❖ **Misuse of Drugs Act, 1971<sup>21</sup>** – 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.
- ❖ **Medicines Act, 1968<sup>22</sup>** – specifies the way that medicines are prescribed, supplied and administered within UK and places restrictions on dealings with medicinal products, including their administration.

### Other relevant legislation

- ❖ **Every Child Matters, 2003<sup>23</sup>**

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<sup>16</sup> <http://www.legislation.gov.uk/ukpga/2004/31/contents>

<sup>17</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>

<sup>18</sup> <http://www.legislation.gov.uk/ukpga/1996/56/part/IV>

<sup>19</sup> <http://www.legislation.gov.uk/ukpga/2000/14/contents>

<sup>20</sup> <http://www.legislation.gov.uk/ukpga/1974/37/section/2>

<sup>21</sup> <http://www.legislation.gov.uk/ukpga/1971/38/contents>

<sup>22</sup> <http://www.legislation.gov.uk/ukpga/1968/67>

<sup>23</sup> <https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>



- ❖ UN Convention on the Rights of the Child, 1989<sup>24</sup>
- ❖ Management of Health and Safety at Work Regulations, 1999<sup>25</sup>
- ❖ Control of Substances Hazardous to Health Regulations, 2002<sup>26</sup>
- ❖ The Regulatory Reform (fire safety) Order, 2005<sup>27</sup>
- ❖ Chronically Sick and Disabled Persons Act, 1970<sup>28</sup>

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<sup>24</sup> [http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf)

<sup>25</sup> <http://www.legislation.gov.uk/uksi/1999/3242/regulation/1/made>

<sup>26</sup> <http://www.legislation.gov.uk/uksi/2002/2677/contents/made>

<sup>27</sup> <http://www.legislation.gov.uk/uksi/2005/1541/contents/made>

<sup>28</sup> <http://www.legislation.gov.uk/ukpga/1970/44/contents/enacted>

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