



CANSFIELD
ACHIEVING EXCELLENCE TOGETHER

Supporting Pupils with Medical Conditions Policy

<u>Approval Date</u>	20 th November 2025
<u>Policy Review Date</u>	November 2026
<u>Chair of Governors</u>	<i>Lachar.</i>
<u>Headteacher</u>	<i>N Daniel</i>

1. What is the Policy for?

The overarching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that all pupils can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

2. Who is the Policy for?

The policy applies to all staff employed at Cansfield High School, as well as members of the Governing Body.

3. Roles and Responsibilities

3.1 The Headteacher

The Headteacher is responsible for:

- Ensuring all staff are aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures.
- Designating a named individual who is responsible for effective implementation of this policy: Phil Swain, Deputy Headteacher, supported by Helen Cashman, SENCO.
- Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents / carers and the child.
- Ensuring all relevant staff are aware of an individual child's medical condition and needs and include any relevant information as part of the staff induction process.
- Ensuring that sufficient numbers of staff receive appropriate up to date training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Health Care Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.
- Ensuring arrangements for whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1).
- Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
- Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents / carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
- Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
- Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
- Ensuring a Complaints Procedure is in place and is accessible.
- Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
- Ensuring parents / carers provide full and up to date information about their child's medical needs by completion of the Medical Questionnaire form (Template A) or the Asthma Record (Template B) if relevant.
- Deciding, on receipt of a Parent / Carer Request and Agreement for School to Administer Medicines / Medical Interventions form (Template C), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.

3.2 All Staff

All staff are responsible for:

- Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
- School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
- Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

3.3 Parents / Carers

Parents / Carers are required to:

- Parents / carers are required to ensure the school is provided with full written information about their child's medical needs and must ensure that school is notified of any changes relating to their child's health or medication. New medical questionnaires (Template A) can be accessed either from the school office or via the school's website if changes do occur.
- All medication coming into school must be formally signed in by a designated member of staff using the appropriate form and will only be administered in direct accordance with dispensing instructions. This means that no alteration to dosage / or timing of medication can be made unless stated in writing by the prescribing medical practitioner.
- All medicines will only be accepted into school if they are: in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Information provided should include:
 - Child's name
 - Child's date of birth
 - Name of medicine
 - Frequency / time medication administered
 - Dosage and method of administration
 - Special storage arrangements
- Non-prescribed medication will not be administered by school staff but can be administered by parents / carers, this can be negotiated with school if circumstances require it.
- Pupils will not be able to carry their own medicine in school, with the exception of response medication i.e. inhaler. Inhalers may also be kept in school, these will be located in easy access within student services for the pupils who require them.
- Provide up to date contact information so that parents / carers or other nominated adults are contactable at all times.
- Carry out any action they have agreed to as part of the implementation of an IHCP.
- Collect and dispose of any medicines held in school at the end of each term or as agreed.
- Provide any equipment required to carry out a medical intervention e.g. catheter tubes.
- Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

4. Pupil Information

Parents / carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of a Medical Questionnaire form (Template A):

- Details of pupil's medical conditions and associated support needed at school.
- Medicine(s), including any side effects.
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals.

- Special requirements e.g. dietary needs.
- Who to contact in an emergency.
- Cultural and religious views regarding medical care.

5. Managing Medicines / Medical Interventions on School Premises

5.1 Administration of Medicines / Medical Interventions

- Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.
- It is expected that parents / carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.
- No medication / medical intervention will be administered without prior written permission from the parents / carers. Parent / Carer Request and Agreement for School to Administer Medicines / Medical Interventions (Template C)
- The school will only accept prescribed medicines if they are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but may be available inside an insulin pen or pump, rather than its original container.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, would only be administered if the appropriate form has been completed by parents and the pain relief medication has been prescribed by a GP or doctor.
- When no longer required, medicines will be returned to the parent / carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles or other sharps.
- The Headteacher will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.
- No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents / carers and recorded amendment to the Parent / Carer Request and Agreement for School to Administer Medicines / Medical Interventions form (Template C).
- All medicines / medical interventions will be administered during school breaks and / or lunchtime unless instructions for administration state otherwise.
- If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.
- Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.
- Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
 - Name of pupil
 - Written instructions provided by the parents / carers or healthcare professional or as agreed in an IHCP
 - Prescribed dose, if appropriate
 - Expiry date, if appropriate
- Any member of staff, on each occasion, will make a written record of medication / medical interventions administered.

5.2 Pupil's Role in Managing their Own Medical Needs

- After discussion with parents / carers, children who are competent will be encouraged to take responsibility for managing their own medical interventions.
- Written permission from the parents / carers will be required for pupils to self-administer medicine(s) / medical intervention(s). However, all medications must be stored securely within school and logged using Parent / Carer Request and Agreement for School to Administer Medicines / Medical Interventions (Template C).
- Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be

documented in an IHCP. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

5.3 Refusing Medication / Medical Intervention

- If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.
- Parents / carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents / carers will be informed immediately.

5.4 Storage of Medicines / Medical Intervention Equipment and Resources

All medicines will be stored safely. Children will know where their medicines / medical intervention equipment / resources are at all times and they will be readily available as required. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. This is an important consideration when outside of school premises e.g. on a school trip.

5.5 Controlled Drugs

- No child should be carrying drugs on them within school. All medicines must be managed through agreed procedures and parents are required to get written permission for these to be in school (Template C).
- A child who is prescribed a controlled drug should have this stored within school, and it should be easily accessible in an emergency as agreed with parents / carers or described in the child's IHCP. A record should be kept of any doses used and the amount of controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed, in line with the prescriber's instructions. Any side effects of the medication administered at school should be noted.

5.6 Non-Controlled Drugs and Medical Resources

All medicines and medical equipment / resources will be stored safely as agreed with parents / carers or described in the child's IHCP.

5.7 Records

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed

6. Training

- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.
- All staff will be aware of the school's Supporting Pupils with Medical Conditions Policy and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

- Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc., for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.
- Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
- Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
- Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the school's policy and practice on supporting pupils with medical conditions.
- Training will be sufficient to ensure staff are competent and have confidence in their ability. The school will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
- A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate.

7. Individual Health Care Plans (IHCP)

IHCPs are personalised documents that support a young person with a medical need during their time at Cansfield (Template H). A student with a medical need would have an IHCP if their need or protocol for support fell outside or differed from existing emergency plans that would generally apply to all students, or there was a high risk of an emergency intervention being required. Where appropriate, an IHCP will be drawn up in consultation with the school, parents / carers, health professionals and any other relevant agencies.

The IHCP has several sections, and not all would apply to every child with a medical need. The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

Section 1: Overview

- An overview of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning opportunities.
- How, if agreed, the child is taking responsibility for their own health needs.

Section 2: Support Needs

- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.

Section 3: Protocols

- Medical Protocol: Arrangements around administration of medication(s) / medical intervention(s) would be recorded in this section. Does the student have a diagnosed medical condition or need that requires regular medication interventions to take place in school? e.g. support for feeding tubes, catheters, diabetic drugs to be monitored and administered.
- Emergency Medical Protocol: Arrangements around management of medical emergency situations would be recorded in this section. In the event of a medical emergency / episode does the student require individual strategies or rescue plan?
- Personal Care Needs: Arrangements around management and support for personal care needs would be recorded in this section. Does the student have personal care needs that require support in school?
- Physical Access Risk Assessment: Risk assessment for access to the school environment and curriculum are recorded in this section. Does the physical environment provide a barrier to learning or movement around the school?
- Personal Emergency Evacuation Plan (PEEP): Arrangements for evacuation in the event of an emergency are recorded in this section. Does the pupil require an individual evacuation strategy in the event of a school emergency?

- **Additional Needs Risk Assessment:** This section would contain notes relating to any personalised care that would be need to be considered. Arrangements for any off site trips or school events would be made on an individual basis by the lead organiser.

All ICHPs are written with the parents and school, and remain private and confidential. They will be shared with support staff and teachers to ensure all child's medical and safety needs are met and understood.

Individual Health Care Plans will be reviewed annually or sooner if needs change. The format of the document may vary if the IHCP is provided by health care professionals and not written within school. In this instance Section 3 would remain blank and be replaced by the documentation provided.

8. Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils IHCP and take account of safeguarding issues for both staff and pupils.

9. Offsite and Extended School Activities

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays. School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states this is not possible.

- Preparation and forward planning for all offsite and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
- School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
- School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents / carers and relevant healthcare professionals to ensure the pupil can participate safely.
- In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.
- Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively offsite and where additional supervision or resources are required.

10. Managing Emergencies and Emergency Procedures

The Headteacher will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
- A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair. The PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergency services which is displayed in the appropriate places e.g. office, staff room etc.

11. Confidentiality and Sharing of Information Within School

- School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.
- School will disseminate information to key members of staff involved in the child's care on a need to know basis, as agreed with parents / carers.
- Where the child has an IHCP this will be shared with key staff in regular, scheduled briefings.
- School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
- School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

12. Liability and Indemnity

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

13. Complaints Procedure

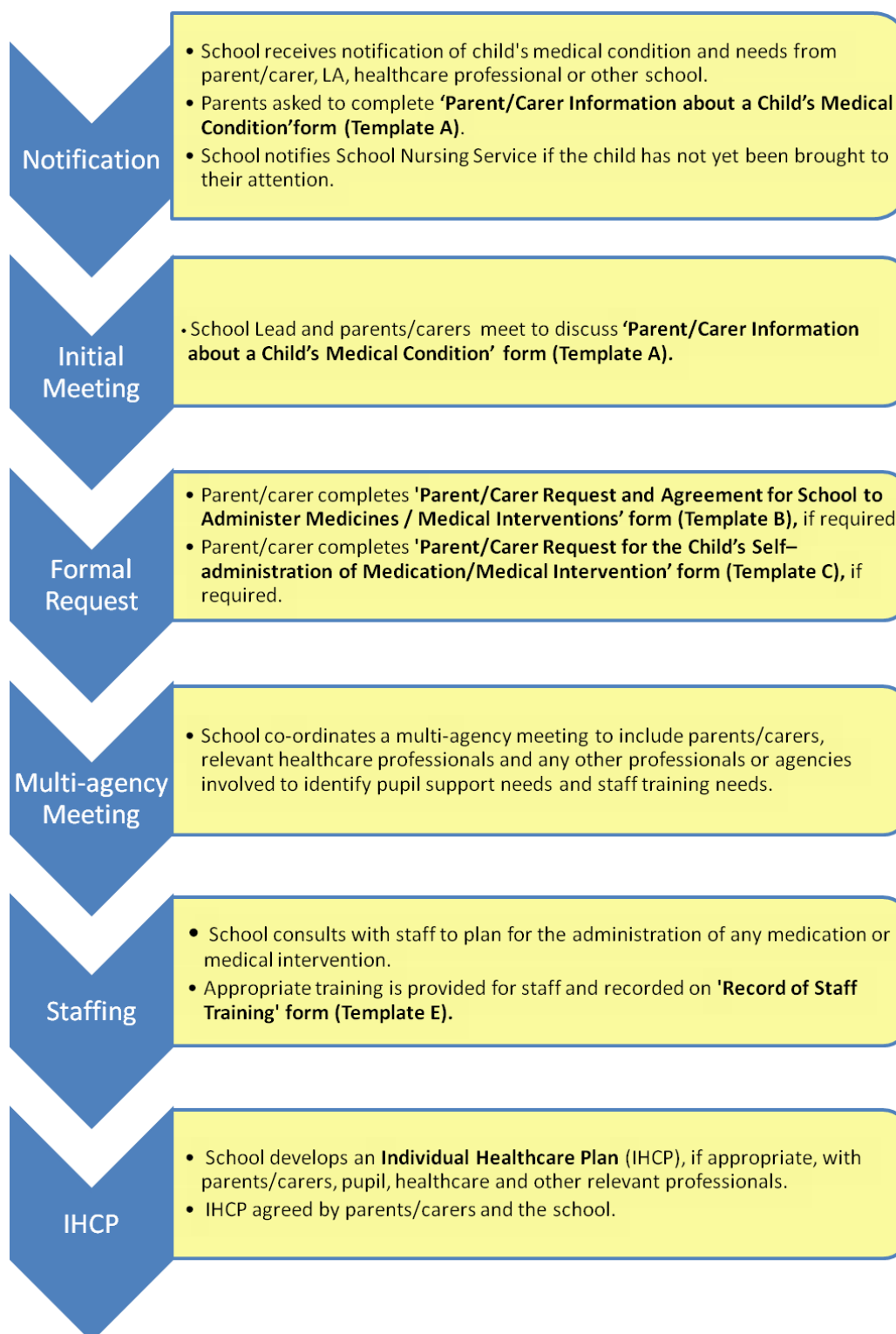
The school's position is to work cooperatively with parents and carers. In the first instance complaints about support provided for pupils with medical conditions should be referred to the Deputy Headteacher or the SENCO in school. From here issues should be addressed to the Headteacher, Mrs Daniels. The school's Complaints Procedure will then be followed, full details of which can be found on our website.

14. Unacceptable Practice

The following constitute unacceptable practice:

- Requiring parent / carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues.
- Preventing children from participating, or creating unnecessary barriers to children participating in, any aspect of school life, including trips, e.g. by requiring parents / carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and / or their parents / carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

15. Appendix 1: Sample Procedure Following Notification of a Pupil's Medical Needs



16. Template A - Medical Questionnaire

Medical questionnaire

Name of child:

Child's date of birth:

1. Does your child have asthma? Yes / No

If **yes**, please complete our asthma medical record. This is available to download from the school website or can be requested from school.

2. Does your child have a current diagnosed medical condition, illness or disability? Yes / No

If **yes** please provide details of your child's medical condition or disability including any formal diagnosis and any prescribed medication.

If **yes** please provide details of any **prescribed** medications, including whether these will need to be stored and administered within school.

If **yes** please provide details of the **likely impact** on school and any provision school can put in place to support your child.

3. Does your child have any allergies? Yes / No

If **yes** please provide details of your child's allergy or allergies.

If **yes** please provide details of any **prescribed** medications, including whether these will need to be stored and administered within school.

If **yes** are the allergies anaphylactic and have, or could, require emergency medical intervention or an epi-pen?

Yes / No

If **yes** please provide details of the **likely impact** on school and any provision school can put in place to support your child.

I understand that all medicines will only be accepted into school if they are: in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Yes / No

I understand that students will not be able to carry their own medicine in school, with the exception of response medication i.e. inhaler.

Yes / No

Parent/carer signature:

Print Name:

Date:

17. Template B - Asthma Record

The purpose of this form is to advise school of any conditions that require medical intervention within school that staff are to be made aware of

Student's Name: _____ **Date of Birth:** _____

Year group: _____

1. I can confirm that my child has been diagnosed with asthma
2. I can confirm my child has a current prescription for an inhaler
3. My child has a working, in-date inhaler, and spacer clearly labelled with their name, which they will bring with them to school every day.

Please note everyone with asthma should use a spacer with their inhaler to ensure delivery to the lungs. If your child does not have a spacer or has not had an asthma review in the past 12 months please book an appointment with you GP as soon as possible.

GP name and telephone number: _____

Asthma nurse name and contact number: _____

Details of reliever medication			
Name of medication (eg. Salbutamol)	Device (eg. Diskhaler)	Dose to be taken (eg. 1 puff) and frequency	When taken (eg. When wheezy, before exercise)

Details of other asthma medication (Most preventers can be taken outside of school hours – please check with your child's GP or asthma nurse)			
Name of medication	How taken / Device (eg. Diskhaler)	Dose and frequency	When taken

Please read the following before signing this document:

I have ensured that the school has an inhaler in school that has enough doses, is in date and is labelled by the pharmacist with my child's name and dispensing details on it.

In the case of a severe asthma attack I am happy for my child to receive up to 10-20 puffs of their reliever inhaler until they receive further medical assistance.

I will inform the school in writing if treatment is changed.

Signature of Parent/Carer:

Print name:

Date:

Emergency Inhaler Usage

Due to a change in the law we are pleased to inform you that schools are now permitted to hold emergency Salbutamol inhalers. At Cansfield High School we have reviewed our asthma procedures and will have an Emergency inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler and spacer as prescribed.

We would like to notify you that if you have previously informed us that your child has asthma or has been prescribed a blue inhaler we will use the school's emergency inhaler in the unlikely event their regular inhaler fails to work or is missing.

If you **do not** wish for us to use the schools inhaler in an emergency please fill in the details below and return to school as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school that has their name and date of birth on it.

Child's name:

I **DO NOT** consent to my child using the school's emergency inhaler.

Signature of Parent/Carer:

Print name:

Date:

18. Template C – Parent / Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Headteacher. By signing this form you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

All medication will **only** be administered in direct accordance with medical practitioner’s instructions. This means that no alteration to dosage/or timing of medication can be made unless stated in writing by the prescribing medical practitioner. All medicines will only be accepted into school if they are: in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Please complete a separate form for each medication or medical procedure

Child’s Full Name	
Group / Class / Form	
Date of Birth	
Medical Condition(s)	
Date	

Medicine	
Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	

Medical Intervention e.g. Catheterisation, Tracheostomy care	
Type of Intervention	
Procedure	
Timing(s)	
Other Information	
Potential Emergency Situations	

Parent / Carer Contact Details	
Name	
Relationship to Child	
Daytime Contact No;	
Address	

Parents/Carers Declaration and Signature

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Headteacher, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped or if there are any changes to the procedure for the delivery of a medical intervention.

Parent/ Carer's Full Name (Please print)

Signature

Date

School Use Only	
Date Received	
Action(s)	
Date Agreed by Headteacher	
Date Review Due	

21. Template E: Record of Administration of Medicine(s) to Children without an IHCP

Child's Name _____ Date of Birth _____ Form _____

Date	Name of Child	Group / Class / Form	Name of Medicine	Dose Given	Time	Observations e.g. side effects, reactions	Name of Staff	Signature

22. Template F: Record of Staff Training

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

Trainer Declaration

I confirm that _____ (name of member of staff) has received the training detailed above.

I recommend this is updated annually / every two years / other _____ (please delete as appropriate).

Trainer's Signature _____

Date _____

Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature _____

Date _____

School Use Only	
Date Review Due	

23. Template G: Procedure for Contacting Emergencies Services

Requesting an Ambulance:

- Dial 999
- Speak clearly and slowly.
- Be ready to repeat information if asked.

You will be asked for three key pieces of information:

1. Your telephone number
2. The location you want the ambulance to be sent to
3. The reason for the call

School's Telephone Number is:	01942 727391
School Name	Cansfield High School
School Address	Old Road Ashton in Makerfield Wigan
School Postcode for SATNAV	WN4 9TP
Best Entrance to School Site	Cansfield Grove
Exact Location of the Patient within the School	
STATE THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT	
Name of Child	
Age of Child	
Description of Child's Symptoms	
Inform if Underlying Medical Condition	
Inform if any emergency rescue medication has been administered e.g. Midazolam - epilepsy, epipen - allergies, glucose - diabetes	
Inform if any emergency procedures have been carried out e.g. suction/trache tube replacement - tracheostomy, button replacement - gastro feed	

On Arrival of the Ambulance:

- Member of staff to meet crew and escort crew to the patient.
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate.
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication.
- Member of staff to travel in the ambulance with the patient.

24. Template H: Individual Health Care Plan

INSERT
PHOTO
HERE

Section 1

Student's Name

Year Group / Form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Emergency Contact Information

Name

Phone no. (work)

(home)

(mobile)

Relationship to child

Emergency Contact 1	Emergency Contact 2

Clinic/Hospital Contact

Name

Hospital / clinic

Phone no.

G.P.

Name

Address

Phone no.

Is the student responsible for day to day non-emergency management of their own condition? Yes / No

Is the student responsible for day to day non-emergency management of their own medication? Yes / No

Describe medical condition and give an overview of the needs

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

If medication is to be kept in school please complete Template C – Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

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

Section 2

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

Arrangements for school visits/trips etc

Section 3

Medical Protocol: Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. Provide details of administration of drugs or medical interventions / procedures.

Emergency Medical Protocol: Describe what constitutes an emergency, and the action to take if this occurs

Personal Care Needs: Daily care requirements

Physical Access Risk Assessment:

Personal Emergency Evacuation Plan (PEEP):

Additional Needs Risk Assessment:

Staff training needs – who, what, when

Form copied to:

Plan developed with _____ (name) _____ (role)

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

I agree that my child's medical information can be shared with school staff responsible for their care.

Signed by parent or guardian

Print name

Date

Review date