Breadsall Hill Top Primary School

'Achieving Together'



My name is

This is my individual Healthcare plan (IHCP)

Individual Healthcare Plan

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

Family Contact Information

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

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement for setting to administer medicine

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

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

Medicine

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

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

Contact Details

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

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

Signature(s) _____ Date _____

Record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

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

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

Record of medicine administered to an individual child (Continued)

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

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

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

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

Staff training record – Administration of Medicines

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

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

Trainer's signature _____

Date _____

Medical First Aid Lead/ SENDCO signature _____

By signing this I have confirmed that the person stated above have undergone the appropriate training and certification is on record and training will be renewed on expiry.

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Staff training record – First Aid

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

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

Medical First Aid Lead/ SENDCO signature _____

By signing this I have confirmed that the person stated above have undergone the appropriate first aid training and certification is on record and training will be renewed on expiry.

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Contacting emergency services

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

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

1. your telephone number 01332 341 451
2. your name
3. your location as follows

   Breadsall Hill Top Primary School, St Andrews View, Derby
4. state what the postcode is – please note that postcodes for satellite navigation

   systems may differ from the postal code DE21 4ET
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms (see IECP)
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for 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 involve:

Mrs Gemma Fisher – SENDcO
Mrs Raine Hart – Pupil and Family Support Manager
Mr Ryan Madeley – Medical First Aid Lead
Mr Matt Lawrence – Headteacher

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

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

Yours sincerely

Individual Health Care Plans

In terms of IHCP the official explanation of them is: "***Individual Health Care Plans*** *are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on a child's case. The aim is to ensure that schools know how to support your child effectively and to provide clarity about what needs to be done, when and by whom."*

So you are right that a parent – school – health professionals meeting needs to be arranged to pull together this document. The IHCP will then outline both the child's medical needs and how the school can meet the needs – for example who will administer medication or what will be done in an emergency.

I would advise speaking to your **School Nurse,** following consent from parents, who will be able to look on health records and obtain the name of the new consultant given that the previous consultant has now retired and parents are unsure of the new one. School Nurse will be happy to work alongside you to co-ordinate this meeting and pull in the correct health professionals.

It may be that the **KITE Team** are involved as they work with children with complex care needs, helping them in the community and supporting schools etc. If they are not involved it may be that one of the recommendations from the health team is to get them involved, which would be excellent as they can offer support and training to schools and also can refer to other services within the NHS. I have put a link below for you to read more about them.

https://www.uhdb.nhs.uk/kite-team/

The IHCP is not a legal document in the same way as the EHCP is, but is the best way to pull together all the needs of the child, to risk assess the school environment and day, to plan for the everyday care and also how an emergency situation can be handled and to see (as you were saying) if more training or additional specialist staff are required. This is something that the health professionals at this meeting should be able to advise you on and they should take the lead to refer to services, provide training etc as they see fit.

The IHCP is then shared with anyone who might need to deal with an emergency (for example, midday supervisors and supply teachers) and the Headteacher or yourself will need to make clear in the meeting that despite the document being confidential – which professionals within school this document will need to be shared with. The plan will then be monitored and reviewed annually or more regularly if you feel necessary – again this can be decided at the meeting to see if the needs of the child have changed and the plan in place is still sufficient to meet the needs.

The name and number of the Designated SEND Clinical Officer for Derby, (NHS Derby and Derbyshire Clinical Commissioning Group)

Jayne Hankins – 07795 542061 - jayne.hankins@nhs.net