



Policy Title:	Supporting Students with Medical Needs Policy & First Aid Policy
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1.1	12 Nov 15 (F&P)	Amendments to all sections. Inclusion of First Aid within policy document
1.2	Jan 21	No updates
1.3		
1.4		

“Settle College promotes the safeguarding and welfare of children in its care; all policies support the “Child Protection Policy”.



SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY

This policy seeks to ensure that pupils with medical needs are able to integrate fully into College life. This policy follows the most recent guidance issued by the DfE December 2015.

Support for Students with Medical Needs

Parents have the prime responsibility for their child's health and should provide College with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. Parents should provide the College Pastoral Officer with full information about their child's medical needs, including details on medicines their child needs.

Non-Prescription Medicines

The College will not issue non-prescription medicines eg paracetamol to students, but they are allowed to carry it for their own use.

Prescribed Medicines

Medicines should only be brought to College when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the College 'day'. College can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. Students should only bring sufficient medicine for one day, not the whole bottle/pack.

The College cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside College hours. Parents are requested to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after College hours and at bedtime.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in College. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

However, such medicines should only be taken to College where it would be detrimental to a child's health if it were not administered during the day. Again they must be supplied in their original container, with prescribers' dosage instructions and written consent from a parent or carer.

Long-Term Medical Needs

The Pastoral Officer needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- Details of a child's condition
- Special requirement e.g. dietary needs, pre-activity precautions
- Any side effect of the medicines
- What constitutes an emergency
- What action to be taken in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role the staff can play.



Administering Medicines

- Settle College staff will not normally administer medicines to any child. In case of medicines needed to be taken during the College day, the student will normally be expected to self-administer.
- If the need is exceptional, staff may administer in an emergency. This must be covered in a care plan provided by the medical practitioner.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and Settle College encourages this. Children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

For conditions such as asthma, diabetes and severe allergies children are allowed to carry their own medication around College. If required, staff will supervise children administering their medicine. Please note that children carrying medicines will be expected to store and use their medicines responsibly and not abuse, share or give their medicine to others. Parents should complete Form 1 and return it to the relevant Pastoral Officer.

Where children have been prescribed controlled drugs these should be kept in safe custody. However children can access them for self-medication if it is agreed that it is appropriate.

Children with a short term need to finish a course of prescribed medicine may also bring their medicines to College. The child may either be responsible for them or ask Student Services to look after the medication. The parent should determine which they feel is appropriate for their child.

Refusing Medicines

If a child refuses to take medicine, staff will not force them to do so. In the case of Epi-pens, the individual child's health care plan will be followed. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the College's emergency procedures will be followed.

Record Keeping

Parents should tell the College about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parents should complete Form 1 and forward to the Pastoral Officer.

Trips and Visits

Children with medical needs will be encouraged to participate in trips and visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be made aware of any medical needs, and relevant emergency procedures by the parent on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit advice will be sought from parents and/or health professionals.



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ROLES AND RESPONSIBILITIES

Parents and Carers should provide the College Principal with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Headteacher, reach agreement on the College's role in supporting their child's medical needs, in accordance with the employer's policy. The Headteacher will seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

For a child with medical needs, the Headteacher will need to agree with the parents exactly what support can be provided.

Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

Teachers and Other Staff will have access to information on children's medical conditions and action to take in an emergency, provided the parents have given consent for this. Teachers will take all reasonable care to accommodate medical needs in their lesson planning.

Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.

MANAGING MEDICINES

Storing Medicines

Large volumes of medicines cannot be stored in the College. The College may only store medicine that has been prescribed for an individual child. Medicines will be stored in the original container in which dispensed, however, the College has no specialised medicine storage facility.

Parents should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children will be made aware of where their own medicines are stored and who holds the key. The Headteacher is responsible for making sure that medicines are stored safely and passes on this responsibility to the Facilities & Premises Manager and/or Student Services. All emergency medicines, such as asthma inhalers and adrenaline pens, should be carried by the child and a spare kept in the Staff Room medical cupboard if necessary. Other non-emergency medicines will be kept in a secure place not accessible to children.

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In

such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right of confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered



- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines that 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 in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a student securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child or whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Written records must be kept of all medicines administered to students.

Access to Medicines

Children need to have immediate access to their medicines when required. Therefore, wherever practical and appropriate children will be allowed to carry their own medication. However, it is important to make sure that medicines are only accessible to those for whom they are prescribed, therefore any child caught misusing or sharing medication would no longer be allowed to carry their medication.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Emergency Procedures

In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If a parent is unable to get to College, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Co-ordinating Information

Coordinating and sharing information on an individual students with medical needs, particularly in secondary Colleges, can be difficult. Settle College has determined that this should be done by Student Services. Student Services should be a first contact for parents and staff, and will liaise with external agencies as required. A Medical Register is kept with details of name, year group, medical conditions and treatment for all pupils with a medical condition unless permission is withheld.



Confidentiality

The Headteacher and staff will always treat medical information confidentially. The Headteacher will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

DRAWING UP A HEALTH CARE PLAN

Purpose of a Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary such as Form 1.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. Plans should be reviewed at least annually, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-medicating their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware –f the child's condition and the support required;
- Arrangements for written permission from parents and the principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of normal school timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child the designated individuals to be entrusted with information about the child's condition; and



- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

MANAGING MEDICAL CONDITIONS

Asthma

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and Settle College does.

Children who are able to use their inhalers themselves will be allowed to carry them with them. Inhalers should always be available during physical education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the College if required. Children should have a reliever inhaler with them when they are in College.

The College environment endeavours to be asthma friendly, by removing as many potential triggers for children with asthma as possible i.e. spray deodorants/perfumes etc. See also Asthma Policy.

Diabetes

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Children with diabetes should carry emergency sugar supplies, and should bring an "emergency snack box" containing glucose tablets or a sugary drink to College. This can be kept in Reception.

Anaphylaxis

The decision on how many adrenaline devices the College should hold, and where to store them, has to be decided on an individual basis between the Headteacher, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person they will be allowed and encouraged to do so. There should always be a spare set kept safely which is not locked away and is accessible to all staff. In emergencies, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the College and the treating doctor.

Training

Any member of staff supporting a student with medical needs will receive appropriate training. Staff must not give prescription medicine or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plan).

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);



- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

Staff providing support to pupils with medical conditions are covered under the insurance policies provided by NYCC. These are reviewed on an annual basis and are accessible to staff.

Individual Health Care Plans are assessed by the insurers to ascertain the level and ambit of cover. Any requirements of the insurance such as the need for staff to be trained are complied with.

Complaints

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

FIRST AID

General Statement

It is our policy to ensure that appropriate first aid arrangements are in place for our staff and any visitors to our premises. This includes providing sufficiently trained employees for our business needs and maintaining an adequate supply of first aid equipment.

It also involves providing enough information to staff to enable first aid assistance to be sought during normal working hours. Where work is regularly undertaken outside these hours, then adequate first aid cover will be provided.

Legal Position

Our duty to provide first aid at work is governed by the **Health and Safety (First Aid) Regulations 1981**. These require us to carry out a risk assessment in order to determine which first aid facilities and personnel are necessary to meet the needs of our business.

We are also required to review this assessment periodically to ensure that current provision is adequate. In order to comply with these Regulations, our assessment has considered a number of factors, including the following:

- Size of the school.
- Building layout.
- Past history of accidents.
- Proximity of business location to emergency medical services.
- Needs of traveling and/or lone workers.
- First aid cover in times of sickness or annual leave.



Responsibilities

In order to carry out their duties effectively, first aid personnel have the following duties and responsibilities. It is our policy that all sufficient numbers of staff will be trained to emergency first aid level. First-aiders are responsible for:

- Responding promptly to all requests for assistance
- Summoning further help if necessary
- Looking after the casualty until recovery has taken place or further medical assistance has arrived
- Reporting details of any treatment provided.

Appointed persons are responsible for:

- Taking charge when a person has been injured or falls ill.
- Calling an ambulance where necessary
- Looking after the first aid equipment and ensuring that containers are re-stocked when necessary by informing the Finance team if items are required.

A list of the qualified first aid staff is held by the Facilities & Premises Manager.

Procedures

The following are general first aid related procedures to be followed by all staff:

Minor first aid incidents will be treated by emergency first aid staff. All non minor incidents must be treated by the first aid at work trained staff.

- if you are aware that an employee/student has been taken ill, or has had an accident, contact Reception for assistance
- Emergency First Aiders are identified within the Finance office and Reception:
- No employee should use their private car to transport a casualty to hospital except in an emergency, where parents cannot be contacted. The employee must hold business insurance and they must be accompanied by a first aider.
- A member of staff will accompany the sick or injured to hospital and remain until a family member, parent or guardian attends.
- If you need to access a first aid kit for personal use, do not remove it from its designated place.
- Any loss or damage to first aid equipment must be reported to the Facilities & Premises Manager.
- If a first aid kit is poorly stocked, this should be reported to the Facilities & Premises Manager.
- All coaches and minibuses are expected to carry a first aid kit with them at all times. They are responsible for its safe-keeping and to keep it adequately stocked.

Visitors

It is our policy to offer first aid assistance to visitors to our premises. Should a visitor feel unwell or have an accident, then the employee supervising their visit should call for a first-aid/appointed person. If the visitor has had an accident the Facilities & Premises Manager is responsible for ensuring that the ARF1 forms are sent to County Hall.

Information for Staff

We acknowledge that first aid arrangements will only operate efficiently where they are understood, both by employees and others who may be working on our premises. These include part-time and temporary staff. For this reason, information on how to summon first aid is provided for all new staff.

This and further information is also included in our staff handbook. Information on the current first-aid/appointed person will be provided on the **Fire Evacuation and First Aid Notices**. These can be found in around the College site.

First aid boxes can be found with the identified Departments and first aiders.



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Training and Qualifications

The Facilities & Premises Manager is primarily responsible for the administration of first aid and will be qualified in *First Aid at Work* every three years as per the current regulations. Other key members of staff will also be offered training in *Emergency Aid* every three years.

Infection Control

Disposable gloves will be worn when cleaning wounds to prevent cross-contamination.

Disposal of Waste

Disposal of clinical waste and bodily fluids will be carried out in accordance with the protocols laid down in the Health and Safety Policy.

This policy reflects the guidance given in Supporting Students at School with Medical conditions December 2015.

Attachments

Annex A – P11

Form 1 – P12

Form 2 – P15

Form 3 – P17

Health Care Plan – P17-23



ANNEX A : Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Principal or senior member of school staff to whom this had been delegated, co-ordinates meeting to discuss child's medical support needs; and identified member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parents, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parents or healthcare professional to initiate



Form 1

**Request for Child/Young Person to Carry and
Self - Administer Medication**

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision

Child's/Young Person's Details

Name.....DoB
Address
Parent/carer name and contact
GP's name and contact number
Emergency contact name and number
Emergency contact name and number



Details of Medication

Medical condition/illness

Medication name and strength

Medication formula (eg tablets)

Action to be taken in an emergency



I (printed name of parent/carer)

- request that my child carry and self-administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will not be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Signature of parent/carer Date:.....

Provision Statement of Consent

(Name of Provision) agrees to allow

(Name of child/young person)..... to carry and self-administer their named medication

Name of Headteacher/Manager (please print)

Signature of Headteacher/Manager Date.....

NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given

If more than one medication is to be carried and self-administered then a separate form must be completed for each.



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Parental request for medicine to be taken at school Form 2

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

Childs name:		DOB:	
Medical condition/illness:		Class/form:	
Name/type of medicine (as described on the container)	NB: Medicines must be in the original container as dispensed by the pharmacy		
Expiry date			
Dosage and method			
Times of day medicine is to be administered			
Date and time the most recent dose was given (school should not give the first dose of a medicine)			
Special precautions / instructions			
Are there any side effects that the school needs to know about?			
Procedures to take in an emergency			

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 and the prescribers instructions.

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 understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence



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I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB : If more than 1 medication is to be administered then a separate form should be used for each one.



Form 3

Administration of Medication Record

Sheet number..... (in chronological order)

School		
Name of CYP		DOB: Class/form:
Name of medication		Formula e.g. tablets, liquid
Quantity received from parent		
Quantity returned to parent		
Dosage and times		
Any special instructions		

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising (<i>please print</i>)	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> • Repeat prescription supplied • Medication returned to parent • Medication returned to pharmacy (Pharmacist signature required) • Parents signature (Early Years Children only)



Insert
Photograph
If required

Individual Healthcare Plan

This form is designed to be used electronically in order to delete or expand sections as appropriate.

Child/young person's name		DOB
Home address		Telephone Number
Medical Condition including known allergies		
Named person in school responsible for Healthcare Plan & their role		
Name and address of school		Telephone number

Symptoms to watch out for in an Emergency	What to do

Contact Details	Name	Address	Telephone
Emergency			
Parent			
Parent			
GP			



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Health			
Professional			
Other e.g. childminder			

Medication

Name of medication	Dose and when to be taken	Where is it stored?	Who will administer / monitor in the case of self-administration

Medical Procedure

Procedure	When	How	Who (including cover arrangements)

Toileting / Personal Care assistance (this section may not require the signature of a registered health professional and can be used as a stand-alone form if there are no other needs.)

<p>Description of procedure for staff to follow Including</p> <ul style="list-style-type: none"> • hygiene control measures • frequency / times • location 	
<p>Identify which parts of the care the child/young person will do independently</p>	

Resources required and provider	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional information e.g. <ul style="list-style-type: none"> • communication needs • behaviour 	
Management of wet/soiled clothing	
Names of staff identified to carry out procedures	

Staff

What is required by whom?	Frequency	Provider

Names of staff who this plan needs to be shared with

Managing education during medical absences

Arrangements for ensuring work is sent home, catching up with lessons, counselling sessions and keeping in contact (as applicable)	
Arrangements for monitoring absences and liaising with Enhanced Mainstream School / Pupil Referral Service if required	

Other arrangements (if applicable)

Counselling sessions	
Exam arrangements	

Health Care Plan Agreed By:

	Name	Signature
Registered Health Professional		
School representative		
Parent		
Child / young person		

Parents' Consent: By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name.....

Parents Signature

Relationship to Child.....Date.....

Plan Reviews:

Date	Comments

Commented [HM1]: delete

