# Supporting Students with Medical Conditions Policy

**Recommended by: SMi**

**Recommendation Date: 11.02.25**

**Ratified by: LAGB**

**Signed:** 

**Position on the Board: Chair of Governors**

**Ratification Date:**
**27.03.25**

**Next Review: Spring Term 2026**

**Policy Tier (Central/Hub/School): School AV**

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## Statement of intent

The governing board of Arrow Vale High School has a duty to ensure arrangements are in place to support students with medical conditions. The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Arrow Vale High School believes it is important that parents/carers of students with medical conditions feel confident that the school provides effective support for their child's medical condition, and that students feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Students with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some students with medical conditions may also have SEND and have an education, health, and care (EHC) plan collating their health, social and SEND provision. For these students, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND & Inclusion Policy will ensure compliance with legal duties.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students and their parents/carers.

# 1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Code of Practice 2015
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting students at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Worcestershire County Council
- **Administering Medication Procedures**
- **SEN, Disability & Inclusion Policy**
- **SEN, and Disability Information Report**
- **Drugs Education Policy**
- **First Aid Policy**
    - Asthma & Epilepsy
    - Allergen and Anaphylaxis, Use of an EpiPen / Diabetes
- **Complaints Policy**

## 2. The role of the Governing Body

2.1. The Governing Body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support students with medical conditions.
- Ensures that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that students with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each student and what support is required to support their individual needs.
- Instils confidence in parents/carers and students in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and can access information and other teaching support materials as needed.
- Ensures that no prospective student is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that students' health is not put at unnecessary risk. As a result, the board holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.
-

2.2. **The Head of Estates in conjunction with the Principal** holds overall responsibility for implementation of this policy.

## 3. The role of the Principal

3.1. The Principal:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that enough staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.

- Contacts the School Nurse Service where a student with a medical condition requires support that has not yet been identified.

## 4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition through transition paperwork / data collection sheet, and any impact on their school attendance.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development, completion and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.
- Ensure that they, or another nominated adult, are always contactable.

## 5. The role of students

5.1. Students:

- Are fully involved in discussions about their medical support needs.
- Are fully involved in the management & self-administration of their own personal care plan
- Contribute to the development of their IHP.
- Are sensitive to the needs of students with medical conditions.

## 6. The role of school staff

6.1. School staff:

- HOY to liaise with Lead First Aider to review and update all care plans, especially when the annual review of the care plan is due.
- May be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so.
- Consider the needs of students with medical conditions in their lessons when deciding whether to volunteer to administer medication.
- Receive sufficient training (if/as required) and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

## 7. The role of the School Nurse / Lead First Aider

7.1. The **School Nurse**: Shani Jezzard (Specialist Community School Health Nurse - WORCESTERSHIRE HEALTH AND CARE NHS TRUST)

- Holds different clinics which is manged by HOY/Emotional Wellbeing Co-Ordinator
- Can assist referrals to other medical professionals
- Starting Well Service Worcestershire Health and Care NHS Trust Website: https://www.hacw.nhs.uk/starting-well/

7.2 The Lead First Aider, Sarah Mitchell, will:

- Liaise with parents/carers to make sure that supplies of medication/equipment are kept up to date.
- Make sure first aid supplies are always available.
- Administer medication agreed with parents and keep accurate records of this.

## 8. The role of other healthcare professionals

8.1. Other healthcare professionals, including GPs and paediatricians:

- May notify the school when a child has been identified as having a medical condition that will require support at school.
- May provide advice on the medication required to enable a developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

## 9. The role of providers of health services

9.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training. Referrals can be made by any member of staff – but generally done by the Head of Year Team / Safeguarding Team, SENCo & Learning Support Team

9.1.1. **The Umbrella Pathway**: https://www.hacw.nhs.uk/search/service/umbrella-service-125

9.1.2. **CAMHs; CAMHs CAST & CAMHs Spa**: https://www.hacw.nhs.uk/camhs/

9.1.3. The **MET**: Medical Education Team School: Medical Education Team | Worcestershire County Council

## 10. The role of the LA:

10.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.
- Makes joint commissioning arrangements for education, health and care provision for students with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that students with medical conditions can attend school full-time.

10.2. Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

## 11. The role of Ofsted

11.1. Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions.

11.2. Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and by students' spiritual, moral, social and cultural development.

## 12. Admissions

12.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child (or others) to admit them into the school setting.

## 13. Notification procedure

13.1. When the school is notified that a student has a medical condition that requires support in school (transition Year 8 into 9) or a new entry mid-year, the school begins to arrange a meeting with parents/carers, healthcare professionals and the student, with a view to discussing the possible necessity of an IHP (outlined in detail in section 17).

13.2. The school does not wait for a formal diagnosis before providing support to students. A judgement is made by the Parents & Carers / Student / HOY / Learning Support based on all available evidence (including medical evidence and consultation with professionals).

13.3. For a student starting at the school in a September intake, arrangements are in place prior to their introduction and informed by their previous school at transition meetings. All back up medicine is transferred

13.4. Where a student joins the school mid-term or a new diagnosis is received, arrangements are put in place immediately

## 14. Staff training and support

14.1. Any staff member providing support to a student with medical conditions receives suitable training. First Aid Based Training (FAB) – a 3-day course valid for 3 years. Refresher courses are then completed

14.2. Staff do not undertake healthcare procedures or administer medication without appropriate training, or parental carer permission.

14.3. Training needs are assessed by the Lead First Aider through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

14.4. Through training, staff email / IHP / student passport, staff have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

14.5. A first-aid certificate does not constitute appropriate training for supporting students with medical conditions.

14.6. Whole-school awareness training is carried out on an annual basis for all staff and included in the induction of new staff members which is coordinated by the first aid lead

14.7. The SENDco/ HOY / Lead First Aider identifies suitable training opportunities that ensure all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

14.8. Training is commissioned by the Principal and provided by the following bodies:

- Commercial training provider – FAB
- The School Nurse
- Name of GP consultant
- Parents/carers of students with medical conditions

14.9. Parents/carers of students with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

14.10. The Governing Body / Principal will provide details of further CPD opportunities for staff regarding supporting students with medical conditions.

## 15. Self-management

15.1. Following discussion with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

15.2. Where relevant, students can carry their own medicines and relevant devices.

15.3. Where it is not possible for students to carry their own medicines or devices, they are held in a secure safe near the First Aid Room / via the Lead First Aider in Reception who can access them quickly and easily.

15.4. If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

15.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our behaviour policy.

## 16. Cover Supervisors

16.1. Cover Supervisors are:

- Provided with access to this policy.

- Informed of all relevant medical conditions of students in the class they are providing cover for.
- Covered under the school's insurance arrangements.

## 17. Individual healthcare plans (IHPs)

17.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a student, or whether it would be inappropriate or disproportionate to their level of need.

17.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the student is also involved in the process.

17.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The student's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the student's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively?
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the student's condition and the support required?
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the student.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or student, the designated individual to be entrusted with information about the student's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

17.4. Where a student has an emergency healthcare plan prepared e.g. a broken leg, this is used to inform a temporary IHP, that may be developed by the Parent-Carer / Student / HOY / Learning Support. A Risk Assessment for temporary medical conditions is to be completed by the HOY

17.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

17.6. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

17.7. Where a student has an EHC plan, the IHP is linked to it or becomes part of it.

17.8. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their IHP. Liaison between the Lead First Aider and the Inclusion Lead & SENDCo

17.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we may work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

## 18. Managing medicines

18.1. In accordance with the school's medical procedure, medicines are only administered at school when it would be detrimental to a student's health or school attendance not to do so.

18.2. Students under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the student without the parent/carer's knowledge. In such cases, the school encourages the student to involve their parents/carers, while respecting their right to confidentially.

18.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the student's health not to do so
- When instructed by a medical professional

18.4. No student under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

18.5. Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed.

18.6. Medication is never administered that is not agreed in an IHP / or with Parents - Carers

18.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

18.8. All medicines are stored safely in a lockable fridge and lockable cupboard. Students know where their medicines are always and can access them immediately, whether in school or attending a school trip/residential visit. Where relevant, students are informed of who holds the key to the relevant storage facility.

18.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

18.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the number of controlled drugs held and any doses administered.

18.11. The school holds asthma inhalers for emergency use. The inhalers are stored in the First Aid cupboard, in the First Aid Room and their use is recorded. Inhalers are always used in line with the school's medical procedures

18.12. Staff may administer a controlled drug to a student for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

18.13. Records are kept of all medicines administered to individual students – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

## 19. EpiPen / Adrenaline auto-injectors (EPIPENs)

19.1. The administration of EPIPENs and the treatment of anaphylaxis will be carried out in accordance with the school's medical procedures

19.2. **A Register of EpiPen users** will be kept of all the students who have been prescribed an EpiPen to use in the event of anaphylaxis. A copy of this will be held in Reception for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

19.3. Where a student has been prescribed an EpiPen, this will be written into their IHP.

19.4. Students who have prescribed EpiPen devices are able to keep their device in their possession. There is a spare kept in the First Aid cupboard, in the First Aid Room

19.5. Designated Staff First Aiders will be trained in how to administer an EPIPEN, and the sequence of events to follow when doing so. EPIPENs will only be administered by these staff members.

19.6. In the event of anaphylaxis, a designated staff member will be contacted via a radio

19.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the EpiPen.

19.8. If necessary, other staff members may assist the designated staff members with administering EPIPENs, such as where the student needs restraining.

19.9. The school will keep a spare EpiPen for use in the event of an emergency, which will be checked regularly (half termly) to ensure that it remains in date and will be replaced when the expiry date approaches.

19.10. The spare EPIPEN will be stored in medical room it is protected from direct sunlight and extreme temperatures.

19.11. The spare EPIPEN will only be administered to students at risk of anaphylaxis and where written parental consent has been gained.

19.12. Where a student's prescribed EPIPEN cannot be administered correctly and without delay, the spare will be used.

19.13. Where a student who does not have a prescribed EPIPEN appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare EPIPEN is appropriate. Protocol is to call: 999

19.14. Where a student appears to be having a severe allergic reaction, the emergency services will be contacted even if an EPIPEN device has already been administered.

19.15. If an EPIPEN is used, the student's parents/carers will be notified that an EPIPEN has been administered and they will be informed whether this was using the student's or the school's device.

Where any EPIPENs are used, the following information will be recorded in the school medical log:

- Where and when the reaction took place
- How much medication was given and by whom?

19.16. EPIPENs will not be reused and will be disposed of according to manufacturer's guidelines following use.

19.17. In the event of a school trip, students at risk of anaphylaxis will have their own EPIPEN with them and the school will consider taking the spare EPIPEN in case of an emergency. All First Aid boxes/travel bags are taken on every trip. There are First Aid bags on all the school minibuses (4)

## 20. Record keeping

20.1. In accordance with paragraphs 18.10, 18.11, 18.12 and 18.13, written records are kept of all medicines administered to students.

20.2. Proper record keeping protects both staff and students and provides evidence that agreed procedures have been followed. Appropriate authorities are informed of any serious incidents (RIDDOR) Appendix check

20.3. Appropriate forms 'Administering Prescribed medication' for record keeping can be found in the appendix of this policy. Appendix check

## 21. Emergency procedures

21.1. Medical emergencies are dealt with under the school's emergency procedures.

21.2. Where an IHP is in place, it should detail:

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

21.3. Students are informed in general terms of what to do in an emergency, such as telling a teacher.

21.4. If a student needs to be taken to hospital, a member of staff remains with the student until their parents/carers arrive.

21.5. When transporting students with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

## 22. Day trips, residential visits and sporting activities

22.1. Students with medical conditions are supported to participate in school trips, sporting activities and residential visits.

22.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable students with medical conditions to participate. In addition to a risk assessment, advice is sought from students, parents/carers and relevant medical professionals.

22.3. The school will arrange for adjustments to be made for all students to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

## 23. Unacceptable practice

23.1. The school will never:

- Assume that students with the same condition require the same treatment.
- Prevent students from easily accessing their inhalers and medication.
- Ignore the views of the student and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send students home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell student to the medical room alone or with an unsuitable escort.
- Penalise students with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to students participating in school life, including school trips.
- Refuse to allow students to eat, drink or use the toilet when they need to in order to manage their condition. Where hospital treatment may be required, advice will be taken during the emergency call.

## 24. Liability and indemnity

24.1. The governing board ensures that appropriate insurance is in place to cover staff providing support to students with medical conditions.

24.2. The school holds an insurance policy with RPA (Risk Protection Agency) covering liability relating to the administration of medication and healthcare procedures. The policy has the following requirements:

- All staff must have undertaken appropriate training.

24.3. All staff providing such support are provided access to the insurance policies.

24.4. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

## 25. Complaints

25.1. Parents/carers or students wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance and can request a copy of the Complaints Policy.

## 26. Home-to-school transport

26.1. Arranging home-to-school transport for students with medical / life-threatening conditions is to be discussed with the LA. Often transport is not funded by the LA

## 27. Defibrillators – Kept at Reception *(see other locations)

The school has an Automated External Defibrillator (AED) which is based outside the schools reception area. *In addition Defibrillators are kept in the First Aid room, the Catering Technician's office, the P&E Office and in the Student Support House, outside the theatre doors.

27.1. All staff members and students are aware of the AED's location and what to do in an emergency.

27.2. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

27.3. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, named staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use. (Critical Incident Plan)

27.4. The emergency services will always be called where an AED is used or requires using.

27.5. Maintenance checks will be undertaken on AEDs on a fortnightly basis by the Lead First Aider, with a record of all checks and maintenance work being kept up to date by the designated person. Refrigerator temperature is also checked.

## 28. Policy review

28.1. This policy is reviewed on an annual basis by the Principal

28.2. The scheduled review date for this policy is Spring Term 2026

1. A parent or healthcare professional informs the school that the child has a medical condition or is due to return from long-term absence, or that needs have changed.
2. The HOY Team / Learning Support Team / Lead First Aider coordinates a meeting to discuss the student's medical needs and identifies a member of school staff who will provide support to the student.
3. A meeting is held to discuss and agree on the need for an individual healthcare plan (IHP).
4. An IHP is developed in partnership with healthcare professionals as required, and agreement is reached on who leads.
5. School staff training needs are identified.
6. Training is delivered to staff and review dates are agreed.
7. The IHP is implemented and circulated to relevant staff.
8. The IHP is reviewed annually or when the condition changes (revert back to step 3).

# Individual Healthcare Plan (IHP)

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**Child Photo**

# 1. Personal Details

## 1.1 1:1 Child/Young Person Details

| | |
|---|---|
| **Child's name:** | |
| **Date of birth:** | |
| **Year group:** | |
| **School:** | |
| **Address:** | |
| **Town:** | |
| **Postcode:** | |
| **Date:** | |

| | **Yes/No** | **Review Due Date** |
|---|---|---|
| **EHCP** | | |
| **CLA** | | |

### 1.2 1.2 Family/Carers Contact Information

| | |
|---|---|
| **Name:** | |
| **Relationship:** | |
| **Home phone number:** | |
| **Mobile phone number:** | |
| **Work phone number:** | |
| **Email:** | |

| | |
|---|---|
| **Name:** | |
| **Relationship:** | |
| **Home phone number:** | |
| **Mobile phone number:** | |
| **Work phone number:** | |
| **Email:** | |

| | |
|---|---|
| **Name:** | |
| **Relationship:** | |
| **Home phone number:** | |
| **Mobile phone number:** | |
| **Work phone number:** | |
| **Email:** | |

## 2. Essential Information Concerning this Child's Health Needs

### 1.3 2.1 Identified/suspected health need

| Identified or suspected medical condition | Description | Supporting Evidence/Advice Date received |
|---|---|---|
| **Physical Health Need** | | |
| **Social and Emotional Health Need** | | |
| **Allergies** | | |

### **1.4** 2.2 Professionals involved

| | Role | Name and contact |
|---|---|---|
| **School Lead** | | |
| **LA Lead** | | |
| **Health Lead** | | |
| **Social Care Lead** | | |

| | Name | Contact Details |
|---|---|---|
| **Specialist nurse/practitioner (if applicable):** | | |
| **Consultant paediatrician (if applicable):** | | |
| **Health visitor/school nurse:** | | |
| **GP:** | | |
| **Key worker in education:** | | |
| **SEND co-ordinator:** | | |
| **Other relevant teaching staff:** | | |
| **Other relevant non-teaching staff:** | | |

| | | |
|---|---|---|
| **Head teacher:** | | |
| **Any provider of alternate provision:** | | |

| |
|---|
| Other External Agency Involvement |

## **1.5** 2.3 Medication

**This child/person has the following medical condition(s) requiring the following treatment:**

| Medical condition | Drug | Dose | When | How is it administered? |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| **Does treatment of the medical condition affect behaviour or concentration?** | |
| **Are there any side effects of the medication?** | |
| **Is there any ongoing treatment that is not being administered in school? What are the side effects?** | |

Any medication will be stored

_____
_____
_____

## 1.6 2.4 Social, emotional mental health needs

| | |
|---|---|
| **Does the child exhibit social, emotional, mental health?**<br><br>**Yes** ☐ **No** ☐ | **Which areas (tick boxes:**<br>**Anxiety** ☐ **School refuser/ poor attendance** ☐<br>**Separation** ☐ **Loss/Bereavement** ☐<br>**Gender Identity** ☐ **Trauma** ☐ |
| **How does this present in school? (outline current behaviours)** | |

## **1.7** 2.5 Routine monitoring and review

Some medical conditions will require monitoring to help manage the child/young person's condition

| | |
|---|---|
| **What monitoring is required?** | |
| **When does it need to be done?** | |
| **Does it need any equipment?** | |
| **How is it done?** | |
| **Is there a target?** | |

| | |
|---|---|
| **If so what is the target?** | |

## 1.8 2.6 Emergency Situations

An emergency situation occurs whenever a child/young person needs urgent treatment to deal with their condition.

| | |
|---|---|
| **What is considered an emergency situation?** | |
| **What are the symptoms?** | |
| **What are the triggers?** | |
| **What action must be taken?** | |
| **Are there any follow up actions (eg tests or rest) that are required?** | |

## **29.** 3. Ensuring suitable arrangements are in place

Under s100 Children and Families Act 2014 Governing Boards have a duty to make arrangements for supporting children in school; however, where a child's medical needs prevent them from accessing school for more than 15 days (whether consecutive or not) the Local Authority should be notified to assess whether it has a statutory duty under s19 Education Act to make arrangements on behalf of the school. PLEASE SEE SECTION 7

## **1.9** 3.1 Impact on Child's Access to School and Learning

| | |
|---|---|
| **How does the child's medical condition/mental health affect learning?** i.e. memory, processing speed, coordination etc | |
| **Does the child require any further assessment of their learning?** | |
| **Are there any physical restrictions caused by the medical condition(s)/mental health?** | |
| **Is any extra care needed for physical activity?** | |
| **How does the school environment affect the** | |

| | |
|---|---|
| **child's medical condition or mental health?** | |
| **Location of school medical room/designated safe space** | |
| **Does this child require any emotional support?** | |
| **How is this met?** | |
| **Is the child/person likely to need time off because of their condition?** | |
| **What is the process for catching up on missed work caused by absences?** | |
| **Does this child require any additional support in lessons? If so what?** | |
| **Is there a situation where the child will need to leave the classroom?** | |
| **Does this child require brain breaks?** | |

## **1.10** 3.2 Reasonable Adjustments

**Please provide summary of reasonable adjustments made where relevant**

| | **Key Information** |
|---|---|
| **Arrive at school** | |
| **Morning (including Break)** | |
| **Lunch** | |
| **Afternoon (including Break)** | |
| **School finish** | |
| **After school club (if applicable)** | |
| **Other** | |

## **1.11** 3.3 Alternative Provision and off-site arrangements

**Does the child require any of the following:**

| | **Purpose of provision** | **Agreed Provision** |
|---|---|---|
| **Part-time timetable** | | |
| **Specialist/home teaching service (including MET)** | | |
| **Alternative Provision (including PRU, AP Free School, AP Academy, Hospital School)** | | |
| **Virtual Learning** | | |
| **Regular/routine medical appointments** | | |
| **Other (please specify)** | | |

| **How is the school safeguarding the child's full-entitlement to suitable education? If the school cannot secure full-time and/or suitable arrangements it must notify the LA as outlined in SECTION 7** |
|---|
| **Please attach where relevant timetables, Pastoral Support Plans, Alternative Provision Plans, Individual Education Plans.** |

## **30.** 4. Trips and Activities away from School

**Are school risk assessments in place to meet the child's needs?** ☐ **Yes** ☐ **No**

## **31.** 5. Staff Training

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

| | |
|---|---|
| **What training is required?** | |
| **Who needs to be trained?** | |
| **Has the training been completed?** Please sign and date | |

Please use this section for additional information for this child_____

## 32. 6. Consent

| | Yes/No | Comments- including any restrictions |
|---|---|---|
| Parents have given consent to share information with all professionals | | |
| Parents have not given consent to share with all professionals. | | |
| I consent to the MET consulting with external agencies to review information that may inform the allocation of a placement at the MET. | | |

## 33. 7. Intended objectives and outcomes

| Description | Evidence | Lead | Expected date to be achieved | Achieved (Y/N) |
|---|---|---|---|---|
| **1.** | | | | |
| **2.** | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

## 34. 8. Next Steps

| **Next Steps** | **Action** | **Date Actioned** | **Achieved (Y/N)** |
|---|---|---|---|
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |

| | | | |
|---|---|---|---|
| **6.** | | | |

## 35. 9. IHCP Review

| Review Date (s) | Venue/contact details | Name | Role | Attended |
|---|---|---|---|---|
| | | | | |
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## 36. 10. Referral to the Local Authority

**If the child has been or is likely to be absent for more than 15 school days whether consecutively or cumulatively you must notify the Local Authority.**

**Please send all IHPs and supporting information to: cme@worcschildrenfirst.org.uk**

| Supporting evidence/information included | Evidence e.g letter/conversation/medical report | Date Referred |
|---|---|---|
| | | |

## 37. 11. Completed By

| Name | Role | Date |
|---|---|---|
| | | |

## **38.** 12. Amendments/updates

| Name | Role | Date |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

This document is based on the

Health Conditions in Schools Alliance Individual Healthcare Plan template