

Individual healthcare plan

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1. Personal details

| Child/young person's details: | |
|--|--|
| Name: | |
| Date of birth: | |
| Year group/class/form: | |
| Child's address: | |
| Medical condition (include here the name of the condition/s and any symptoms that can affect the child). | |

| Parent/guardian details (emergency contact 1): | |
|--|--|
| Name: | |
| Relationship to child: | |
| Mobile number: | |
| Phone number (home): | |
| Phone number (work): | |

| Parent/guardian details (emergency contact 2): | |
|--|--|
| Name: | |
| Relationship to child: | |
| Mobile number: | |
| Phone number (home): | |
| Phone number (work): | |

1. Personal details

GP details:

Name:

Phone number:

Hospital clinician/consultant details:

Name:

Phone number:

Details of any other essential contact/s (e.g. specialist nurse, SEN coordinator, etc.):

| Name | Role | Phone number |
|------|------|--------------|
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2. Support requirements

Regular medication support details:

Please list the medical condition/s the child has and the corresponding medication they must take *while at school*.

| Medical condition/s | Name of medicine/s | Dose and frequency (include specific time of day, if applicable) | Storage requirements | How to administer (medication or equipment) | Expiry date | How often should medication be checked and by whom? |
|---------------------|--------------------|--|----------------------|---|-------------|---|
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Are there any known side effects to these medications, including affecting their behaviour, energy or concentration?

| Medication | Side effects |
|------------|--------------|
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2. Support requirements

Self-administered care

List here any medication that the child will self-administer at school.

| Self-administered medication | Does this need to be supervised? | How is this supervised? | Who supervises this? |
|------------------------------|----------------------------------|-------------------------|----------------------|
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3. Staff responsibilities

Who is responsible for providing support for the child at school?

Everyone listed here should have read this IHP and be aware of their responsibilities, including emergency procedures.

| | Name | Job role | Specific responsibilities |
|---|------|----------|---------------------------|
| Staff member with primary care responsibility | | | |
| Cover arrangement | | | |
| Other responsible staff | | | |

Staff training

List here any staff members responsible for providing support and the training needed to provide it correctly.

| Name of staff member | Training required | Training received (including valid until date) | Person responsible for arranging training |
|----------------------|-------------------|--|---|
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4. Views of the child/young person

Does the child have any views or opinions about their own care and support needs that they would like to express?



5. Emergency situations

In the event the child becomes seriously unwell, this should be treated as an emergency situation.

| | |
|--|--|
| <p>Signs and symptoms which may constitute an emergency situation include:</p> | <p>Take the following steps in an emergency situation:</p> |
| <ul style="list-style-type: none"> • Difficulty breathing. • Severe swelling, especially of the mouth, throat or tongue. • Severe pain or discomfort. • The child becomes violently sick or has extreme stomach cramps. • The child falls unconscious or is showing signs of reduced responsiveness. • A slow, weak pulse. | <ul style="list-style-type: none"> • Call for support from another adult. • Locate any emergency medication required/locate the defibrillator if needed. • Call an ambulance. • Stay with the child at all times. • Contact a parent/carer.  |

Calling an ambulance:

Fill out as much of this information as you can **now** so that if an emergency occurs and you need to call an ambulance, you are prepared to answer the emergency services' questions without delay:

If you need an ambulance, **ring 999 and ask for an ambulance**. Provide the information below, when asked. Speak clearly and slowly and be ready to repeat information if needed.

| | | | |
|------------------------------------|--|---|--|
| 1. Your name | | 6. The child's name | |
| 2. Your telephone number | | 7. The child's medical condition | |
| 3. Your location | | 8. A description of their current symptoms | |
| 4. Your postcode | | 9. The best entrance for paramedics to enter through. You should send someone to meet them at this entrance in order to take them to the child. | |
| 5. The exact location of the child | | | |

6. Emergency anaphylaxis response plan

Symptoms of anaphylaxis

The symptoms of anaphylaxis can occur very quickly and become life-threatening, so it is vital to recognise when a pupil is experiencing this type of reaction.

In some cases, the symptoms may be mild to moderate and include:

- Skin rashes.
- Swelling of the mouth, lips and/or face.
- An unusual, tingling or itchy feeling in or around the mouth.
- Feeling or being sick.
- Stomach cramps.

If a pupil displays these symptoms, especially if they are known to have a severe allergy and to have consumed an ingredient, they are allergic to, a swift response is vital.

This is considered an emergency, and the emergency anaphylaxis response plan must be followed:

- Do not move the pupil – they need to lay on the floor with feet raised.
- Immediately call for help from another member of staff.
- Use the adrenaline auto-injector without delay, noting the time. The AAI should be given into the muscle in the outer thigh. Take care to read specific instructions on the AAI.
- Call 999, stating anaphylaxis.
- After five minutes, a second AAI can be administered in the opposite thigh.
- If the pupil stops breathing, commence CPR and locate the defibrillator (if there is one).
- Call parents/carers as soon as possible.

Do not leave the pupil unattended whilst waiting for the ambulance. Remain as calm as possible and reassure the pupil.

All pupils must go to hospital following anaphylaxis, regardless of whether they appear to have recovered as they require monitoring for a secondary reaction.

If a pupil displays these symptoms, it is important to monitor them closely. The school nurse (or other named lead responder) should be informed, as well as the pupil's parents.

Serious symptoms to look out for include:

- Severe swelling of the airways, often indicated by difficulty speaking or swallowing.
- Difficulty breathing, often indicated by wheezing or noisy, laboured breathing.
- Dizziness, feeling faint, tired or confused or having pale/clammy skin – this may indicate issues with circulation.

7. Daily care requirements

Please list any regular care and support requirements that the child may need in the following areas:

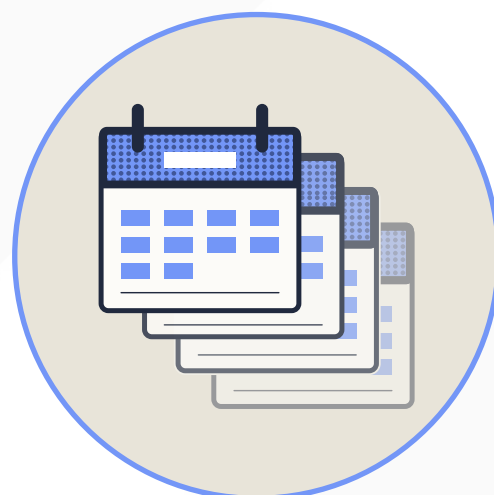
| | |
|------------|--|
| Dietary | Educational |
| Attendance | Activities |
| SEN | Social activities |
| Emotional | Other areas - list here any other care or support you feel the child would benefit from at school. |

8. Extra-curricular arrangements

| | |
|--|--|
| <p>Is any additional support required for extra-curricular activities, for example after-school activities, day trips or overnight stays? <i>This support should facilitate the child to be as involved as possible in these activities.</i></p> | |
| <p>Who is primarily responsible for providing medical care during activities outside of regular timetabling or while offsite?</p> | |
| <p>Who is responsible in case of an emergency during activities outside of regular timetabling or while offsite?</p> | |

9. Review

| | |
|--|--|
| Annual review date | |
| Is there expected to be any cause for review sooner than the annual review date? | |
| Who is permitted to make changes to this IHP? - <i>include names and which section/s this person is permitted to change.</i> | |



10. Consent to plan

By signing here, you are consenting to the strategy for care and support laid out in this Independent Healthcare Plan.

| | Name | Signature | Date |
|---------------------------|------|-----------|------|
| Child/ young person | | | |
| Parent/ guardian | | | |
| School representative | | | |
| Healthcare representative | | | |

