Barnby & North Cove Primary School
Supporting Pupils at School with Medical Conditions Policy

To be read in conjunction with:

1. GDPR Policy, v3 – April 2020
2. Intimate Care Policy, v4 – July 2020
3. Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf
4. The Children and Families Act 2014 (Section 100).

1.0 Definition

Pupils' medical conditions may be summarised as being of two types:

- Short-term affecting their participation in school activities while they are on a course of medication (requiring a Medical Consent Form, Annex A).
- Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan, see below).

2. 0 Principles of the Policy - *Aims of the Trust*

- Welcome and support pupils with medical conditions and make arrangements for them based on good practice.
- Adopt and implement the 'statutory guidance'.
- Assist parents in providing medical care for their children by developing healthcare plans on notification of their child's medical condition.
- Educate staff and children in respect of providing support to children with medical conditions.
- Arrange suitable training for staff as required to support pupils with medical conditions.
- Liaise as necessary with parents and medical services in support of the individual pupil.
- Provide emergency support to children in line with their individual healthcare plans.
- Ensure that all children with medical conditions participate in all aspects of school life.
- Monitor and keep appropriate records.
- Provide information on school policies, plans, procedures and systems.
- The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

3.0 Equal Opportunities

3.1 The Trust is clear about the need to actively support pupils with medical conditions to participate in school fully, including educational visits, or in sporting activities and not to prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely.

3.2 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, and any relevant healthcare professionals will be consulted.

3.3 The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:

- receive training as appropriate and work to clear guidelines;
- bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.

4.0 **Roles and Responsibilities**

4.1 The Academy Head is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

4.2 The Academy Head will ensure that written records are kept of all medicines administered to pupils for as long as these pupils are at the school.

4.3 The Trust is responsible for establishing policies that promote equality of access to education and the Academy Head is responsible for implementing those policies at a local level. The Locality Committee Pupil Experience Team will monitor the application of those policies.

4.4 The Academy Head is responsible for ensuring that everyone in the school is aware of the policy and that they understand their role in its implementation. Parents are made aware through the school website, newsletters and the school prospectus.

The Academy Head will take overall responsibility for the development of IHPs and ensure that systems are in place for keeping information about a child's medical needs up to date.
The Academy Head will contact the school nursing service in the case of any pupil who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nursing service.

4.5 School nursing services are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school.

4.6 Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

4.7 The prime responsibility for a child's health lies with the parent who is responsible for the child's

medication and should supply the school with all relevant, up to date information including changes in medication. Parents are responsible for ensuring the school has medication that is in date and in line with prescriptions provided by medical professionals (Medical Consent Forms and Healthcare Plans should be reviewed and updated regularly).

4.8 Where appropriate pupils should also provide information and be part of discussions about their medical support needs, including the development of their IHPs.

4.9 Any member of school staff may be asked to provide support to pupils with medical conditions and develop healthcare plans.

4.10 Staff may bring to the attention of management any concern or matter relating to supporting pupils with medical conditions.

4.11 Parents will ensure that they or another nominate adult are contactable at all times.

5.0 Healthcare Plans

5.1 All staff are to be aware of and follow pupils' Individual Healthcare Plans (IHPs), particularly with reference as to what to do in an emergency. This duty also extends to staff leading activities taking place out of normal school hours or off the school site. This could extend to a need to administer medication or call for help from the emergency services. In the absence of a healthcare plan, the school's standard emergency procedure will be followed.

5.2 The Academy Head has overall responsibility for the development of IHPs for pupils with medical conditions. Parents will be involved in the development and review of their child's IHP. Annex A of "Supporting pupils December2015 models the process for developing IHPs.

5.3 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Academy Head will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

5.4 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Academy Head will consider the following when deciding what information to record on IHPs:

- 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 certain tasks, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Academy Head 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 the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

6.0 Medications

6.1 Parents will be encouraged to support their child to learn to self-administer medication if this is practicable; members of staff will only be asked to be involved if there is no alternative. Staff will be expected to monitor pupils' self-administration of medication.

6.2 Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication and the pharmacy label).

6.3 Staff will receive appropriate training to administer medication where this is required.

6.4 Where parents have asked the school to administer the medication for their child they must give consent by completing the relevant form. ('Parental Agreement for Setting to Administer Medicine' Annex B). This

ensures that the school is able to comply with the requirement to keep adequate records.

6.5 School will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day.

6.6 Medicines must be properly presented by parents through the school office and in accordance with the notes contained within the Parental Agreement for Setting to Administer Medicine (Annex B).

6.7 Medications will be stored appropriately in line with the guidance. Pupils must have easy and appropriate access to their medications at all times (including school trips, PE and sporting events, school transport and before and after school clubs).
Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils. With appropriate security measures in place to restrict access for others.

6.8 School will not create any unnecessary barriers to prevent children participating in any aspect of school life. Staff will allow pupils to manage their medical condition effectively in line with their individual healthcare plans where appropriate to do so, providing support where it is required.

6.9 Parents will be informed when medications have been administered. Staff will complete Annex C and share with parents daily.

6.10 Medicines will be returned to parents for safe disposal when no longer required.

Medication entering the school

- Parents are responsible for ensuring the school is supplied with the correct medication, in its original packaging, and renewed as requested by school staff.
- All medication brought into the school should be handed to a responsible adult from school by a supervising adult. Then either placed in a lockable cupboard or fridge in an appropriate secure area i.e. Staff room, medical room or the Clinical School Nurse's Office (for non -emergency medication) or kept with the student with a named member of staff responsible for the emergency medication.
- The School should inform the parent in sufficient time for a further prescription to be obtained when stock is running low (a minimum of a week)
- Prescription medication should have the patient label clearly visible stating the patients name and date of birth, the name of the medication, dose, route and frequency of medication.
- Non -prescription medication should be provided in its original packaging with instructions clearly visible.
- On receipt of all medication the label, expiry date and contents are checked.
- Emergency Medication is recorded on a record sheet (Appendix 3 &4) stored in the cupboard along with the medication. The persons receiving and checking in the medication signs and dates this.

Medication leaving the school

- As above emergency medication must be recorded out and collected personally by parents or at parents' request by the consenting supervising adult.

- Medication must not remain on school premises during school holidays, unless the pupil is attending ESCape Holiday School and must be returned home at the end of each term. Parents will be reminded that it requires collection.

Storage of Medication- Non-emergency medication

- All non- emergency medication is kept in a secure place, in the lockable cupboard or fridge within the Staff room, medical room or the Clinical School Nurse's office. The key is kept securing in the school office.
- To ensure medications are stored appropriately, and daily fridge temperatures should be checked and recorded. (In the event of a power cut outside school hours the Academy Head will be notified so a decision could be made regarding safe storage of medicines)
- All medication is sent home at the end of the school year. Medication should not to be stored during school holidays, unless the holiday is attending ESCape holiday school.

Storage of Medication- Emergency Medication

- All emergency medication should be readily available to students who require it at all times during the school day or at off-site activities.
- A named member of staff who is working with the student is to be responsible for the medication whilst travelling around the school and once back in the classroom it needs to be stored securely.
- All classroom staff must be aware who has emergency medication and ensure that it is stored safely and kept out of reach from other students.
- As this medication is kept with the student at all times each classroom must record and sign when they receive and send home this medication. Each classroom will have a record sheet they will have to sign and this is to be stored within the classroom.
- If medication is found to be faulty, out of date or incorrect then parents need to be informed immediately and the medication is not to be used.
- Oxygen is a prescribed medication and must be stored appropriately and clearly labelled where it is stored. Following guidance from www.boc.healthcare.co.uk

Administering Medications

Only members of staff who have received appropriate training are able to administer medication. Where specific training is needed, training will be provided by the Clinical School Nurse and Community Children's Nursing Team or other approved person and updated annually.

No medication is to be given without written consent from the person with parental responsibility.
Written consent should be provided in a Request for medication form (appendix 1) and should be clear, accurate, signed and reviewed termly or as their condition dictates.

Before administering any medication, the packaging must be checked and should have clear instructions on how it should be given.

The medication must clearly state: • The Student's name and date of birth • The expiry date and where medications are made up at home, the date and time this was made up needs to be clear and signed.

- Route to be administered
- The dose and frequency of the medication

Any queries with any of the above, the medication should not be given and should be discussed with the Clinical School Nurse and/or parents at the earliest opportunity to prevent any delay in giving medication.

- All medication given must be recorded. This needs to be recorded on a 'record of administration of medicines' form. (appendix 2) This form, once signed is to be kept for 5 years.
- All administration of medicines by education staff must be witnessed and counter signed.
- A list of all the medication required throughout the school day will be regularly updated and kept within the school office or Clinical School Nurse's Office.
- Class Staff should check that all medication that is required throughout the day is given.

Errors in administration and refusal to take medication or missed doses

- Any errors that occur with administration of medication need to be documented and reported to the Academy Head (or named Deputy if they are not on-site)
- The Academy Head will inform parents and contact the emergency health services as appropriate.
- An Incident form will need to be completed and returned to the Head of Service (Facilities and Compliance).
- The LADO will be informed of the incident and an investigation undertaken to ensure that any concerns are addressed appropriately and robustly.
- Any refusal of medication will also need to be reported to the Clinical School Nurse, and/or Senior Leadership team and they will in turn contact the parents, health care professionals for advice.

Missing or Lost or stolen medication

- Any medication that is mislaid, lost or stolen will need to be reported immediately to the Academy Head An incident form needs to be completed.
- Once highlighted the Academy Head will then inform Parents and or Police as appropriate.
- All 'controlled' medications that cannot be accounted for will need to be reported to the Police. The Academy Head will notify police and inform parents this has been done.

Individual Health Care Plans

Students who have a medical condition that requires daily or emergency care will have a care plan which will be written by a health professional. The plan will detail information on how the condition affects the student and what to do in an emergency situation.

Staff training and support

Where appropriate, staff will receive regular (at least annually) health training on:

- epilepsy,
- anaphylaxis/allergy,
- asthma,
- supporting young people with dental hygiene
- supporting young people with continence
- Safe use of Personal Protective Equipment.

Class teams, where necessary, will have specialist training depending on the needs of their students and related to that of their Healthcare plan. All healthcare training will be completed by or organised by the Clinical School Nurse or other appropriate person, however, responsibility to ensure this is completed lies with the individual and the Academy Head.

An emergency asthma inhaler kit

In accordance with Emergency asthma inhalers for use in schools - GOV.UK (www.gov.uk) guidance, schools will retain an emergency Asthma Kit available. The emergency salbutamol inhaler should only be used by children: - who have been diagnosed with asthma, and prescribed a reliever inhaler; - OR who have been prescribed a reliever inhaler; AND for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

An **emergency asthma inhaler kit** should include: -

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers,
- identified by their batch number and expiry date,
- with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

At least two named school staff members should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- The emergency Inhaler kit will be kept within the school office or Clinical School Nurse's Office and will be clearly labelled.
- Storage and administration will be as per the advice within the above guidance and as advised by Health training.
-

Administration and using the kits will be the responsibility of designated members of staff.

These staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

However, as above all staff members will have the opportunity to be trained in Asthma care.

The emergency anaphylaxis kit

In accordance with guidance Guidance on the use of adrenaline auto-injectors in schools (publishing.service.gov.uk) Where requires a school may also have an **emergency anaphylaxis kit.**
The guidance allows the school to purchase and administer a "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
The school's spare AAI can be administered to a Student whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), 999 will be called without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

The emergency kit will contain:

- 1 or more AAI(s). (adrenaline auto-injector)
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered (see register)
- An administration record.

This register will include:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

This kit will be stored alongside the **emergency asthma inhaler kit** within school office or the Clinical School Nurse's office.

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Storage and care of the AAI.
Administration and using the kits will be the responsibility of designated members of staff.

These staff have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- be trained to recognise the range of signs and symptoms of an allergic reaction;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of how to access the AAI

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. It is therefore appropriate for as many staff as possible to be trained in how to administer AAI.

7.0 Summary

- The Trust is responsible for ensuring equality of access to education and the setting of policy to enable this.
- The Academy Head is responsible for the implementation of the policy at a local level.
- The Locality Committee Pupil Experience Team will review compliance with the policy annually.
- The school will keep proper documentation at all stages when considering the issue of support for pupils with medical conditions in school. Copies of all documentation to be available in the School Office and stored in line with the Trust's GDPR Policy 2020.

8.0 Complaints

8.1 If a parents/carers are not satisfied with the support provided to their child they should discuss their concerns directly with the school.

8.2 If for whatever reason this does not resolve the issue they may make a formal complaint in line with the School Complaints Procedure, which can be downloaded from the Trust's website.

List of Annexes

Annex A: Individual Healthcare Plan
Annex B: Parental Agreement for Setting to Administer Medicine
Annex C: Record of Medicine Administration to a Child
Annex D: Record of Medicine Administered to all Children
Annex E: Staff Training Record – Administration of medicines
Annex F: Contacting Emergency Services
Annex G: Model letter inviting parents to contribute to an individual healthcare plan

Annex A
Individual Healthcare Plan (IHP)

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 / how / when:

Annex B:

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. Prescription medicine must be in date and provided in the original container and include instructions for administration, dosage and storage.

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

Annex C:
Record of Medicine Administered to a Child

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

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Date			
Time given			
Dose given			
Name of employee			
Signature of administering staff			
Signature of witness staff			
Any reaction – Yes/No			

Annex D:

Record of Medicine Administered to all Children

Name of school/setting:	

DATE	TIME	CHILD'S NAME	NAME OF MEDICATION	EXPIRY DATE OF MEDICATION	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF	PRINT NAME	SIGNATURE OF WITNESS

Annex F:
Contacting Emergency Services in a Medical Emergency

To request an ambulance - dial 999 or 112 and ask for an ambulance

Have the following information ready

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

1. Your School Telephone number: 01502 476230

2. Your name: _____

3. Your school name: **Barnby & North Cove Primary School**

4. Your location as follows:-

   School Road, Barnby, Suffolk NR34 7QB

5. State what the postcode is (please note that postcodes for satellite navigation systems may differ from the postal code):

   NR34 7QB

6. Provide the exact location of the patient within the school setting.

7. Provide the name of the child and a brief description of their symptoms / injuries.

8. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

9. Put a completed copy of this form by the phone.

Template G:
Model Letter Inviting Parents to Contribute to an Individual Healthcare Plan

Date: XXXXXXXXXX

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 the 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 XXXXXXXXXX. 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 the following people: XXXXXXXX.

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

Name
Academy Head

Document Control

Changes History

Version	Date	Amended By	Details of Change
V1	18/10/2018	Robin Chew	Updates from the Staff H&S Forum
V2	29/09/2020	Robin Chew	Draft version following periodic review
V3	18/05/2021	Robin Chew and Sam Cutler	Clarification of IHP procedures
V4	24/04/2023	Andrew Aalders-Dunthorne	Updated policy in line with special schools
V5	01/05/2025	Gemma Bucklee	Reviewed, no updates required

Approval

Name	Job Title	Signed	Date
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	18/10/2018
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	18/10/2018
Andrew Aalders-Dunthorne	Principal/CEO	Electronic signature	13/07/2023
Dawn Carman-Jones	On behalf of the Trust Board	Electronic signature	13/07/2023
Andrew Aalders-Dunthorne	CEO	Electronic signature	22/05/2025
Steve Martin	On behalf of the Trust Board	Electronic signature	22/05/2025

Equality Impact Assessment

Date	Name	Details
20/5/2021	Robin Chew	The policy has been amended to clarify the procedure for the development of IHPs and will therefore have a neutral or modestly positive effect on people with protected characteristics.

This policy will be reviewed eery 2 years by Head of Service for Inclusion or as required by changes in legislation.

At every review, this policy will be approved by the Trust Board.

END OF DOCUMENT