# Individual Health Care Plan

Date IHCP was created:

Date of review:

Schools

## Child / Young Person’s Information

### Personal Details

|  |  |  |
| --- | --- | --- |
| Individuals name: |  |  |
| Date of Birth: |  |
| Year Group: |  |
| School: |  |
| Address: |  |
| Postcode: |  |
|  |  |  |

|  |  |
| --- | --- |
| Medical condition(s):  Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours. |  |
| Allergies: |  |

### Parental responsibility Contact Information

|  |  |
| --- | --- |
| Name: |  |
| Relationship to child or young person: |  |
| Address, if different to child or young person: |  |
| Home phone number: |  |
| Mobile phone number: |  |
| Work phone number: |  |
| Email |  |

### Family Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Name | Contact details |
| Specialist nurse  (if applicable): |  |  |  |
| Consultant paediatrician  (if applicable): |  |  |  |
| GP: |  |  |  |
| Link person in education: |  |  |  |
| Class teacher: |  |  |  |
| Health visitor/school nurse: |  |  |  |
| SEN co-ordinator: |  |  |  |
| Other relevant non-teaching staff: |  |  |  |
| Head Teacher: |  |  |  |
| Person implementing plan(alternative plan if this person is absent): : |  |  |  |

|  |
| --- |
| This child / young person has the following medical conditions… |
|  |
| …requiring the following medical treatments… |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medical condition | Drug | Dose | Method of administration | When | Who is administrating |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Does treatment of the medical condition affect behaviour or concentration? |  |
| Are there any side effects of the medication? |  |
| Is there any ongoing treatment hat is not be administered in school?  What are the side effects? (if any) |  |

## Routine Monitoring (if applicable)

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? |  |
| Who does the monitoring? |  |
| Does it require any equipment? |  |
| How is it done? |  |
| Is there a target? |  |

## Emergency Situations

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

|  |  |
| --- | --- |
| What is considered as a known emergency situation? |  |
| What are the symptoms? |  |
| What are the triggers? |  |
| What action must be taken and by who? |  |
| Are there any follow up actions (e.g. tests or rest) that are required? Professionals to be notified? |  |

Impact on Child or young person’s Learning

|  |  |
| --- | --- |
| How does the child or young person’s medical condition affect learning?  i.e. memory, processing speed, co-ordination etc. |  |
| Does the child or young person require any further assessment of their learning? |  |

## Care at Meal Times

|  |  |
| --- | --- |
| Has a dietary requirement request form been completed (if required)? |  |
| What other care is needed? |  |
| When should this care be provided? |  |
| How is it given? |  |
| If it is medication, how much is needed? |  |
| Any other important information? |  |

## Toileting

|  |  |
| --- | --- |
| Are there any present issues relating to toileting? |  |
| What support does the child or young person need with toileting? |  |
| Any other important information? |  |

## Actions and reasonable adjustments to manage the school day:

|  |  |  |
| --- | --- | --- |
| Adjustments needed: | within the classroom? |  |
| during in assembly? |  |
| Playtime? |  |
| During meal and snack times? |  |
| For self-care (e.g. toileting and dressing)? |  |
| To access common areas of the building and grounds? |  |

## Physical Activity

|  |  |
| --- | --- |
| Are there any physical restrictions caused by the medical condition(s)? |  |
| Is any extra care needed for physical activity? |  |
| Actions before exercise |  |
| Actions during exercise |  |
| Actions after exercise |  |

## Trips and Activities Away from School

|  |  |
| --- | --- |
| What reasonable adjustments are needed for travelling? |  |
| What care needs to take place? When does it need to take place? |  |
| Adjustments on the trip for self care (toileting and dressing), access to the site and access to the activities? |  |
| What equipment/medication is needed? Who will look after medicine and equipment? |  |
| Who outside of the school needs to be informed? |  |
| Who will take overall responsibility for the child / young person on the trip? |  |

## School Environment

|  |  |
| --- | --- |
| Does the school environment affect the child’s medical condition?  (if so provide details) |  |
| What changes can the school make to deal with these issues? |  |
| Location of school medical room |  |

## Social and Emotional Needs

|  |  |
| --- | --- |
| Is the child / young person likely to need time off because of their condition? |  |
| What is the process for catching up on missed work caused by any absences? |  |
| Does the child/young person require extra time for keeping up with work? |  |
| Does the child/young person require any additional support in lessons? (include detail) |  |
| Is there a situation where the child / young person will need to leave the classroom? |  |
| Does the child/young person require rest periods? |  |
| Does the child/young person require any emotional support? |  |
| Does the child/young person have a buddy? e.g. help carrying bags to and from lessons? |  |

## Staff training

|  |  |
| --- | --- |
| What training is required? |  |
| Who needs to be trained? |  |
| Who will deliver the training and how will this be arranged? |  |
| When does the training need to take place and how often does the training need updating? |  |
| Provide details of courses attended? (with dates) |  |

## Additional Information

|  |
| --- |
|  |

## Are there any programmes to be carried out during the day or risk assessments

|  |  |
| --- | --- |
| Professional | Programme/risk assessment (attach copy to IHCP) |
|  |  |
|  |  |
|  |  |

## Sign off

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Parents / carer if under 16 |  |  |  |
| Young person over 16 |  |  |  |
| Healthcare professional |  |  |  |
| School contact |  |  |  |
| School nurse |  |  |  |

## **Care navigators can be contacted to find out which professionals are involved, access reports, appointment times etc.:**

### **Education**

If you are concerned about any aspect of the school day, please speak to school staff to find a quick solution or to call an early review of the IHCP, if there has been a significant change in need.

If you have spoken to the school and do not feel you can reach an agreement, you can raise a formal concern following the school complaints policy (available on the school website). If no agreement has been found following all stages of a school complaint, it may be possible to raise a concern with the department for education (DfE) <https://www.gov.uk/government/organisations/department-for-education/about/complaints-procedure>

### **SENDIST for disability discrimination**

If you believe that disability discrimination has taken place, it may be possible to complain to the Special educational needs and disability tribunal (SENDIST). For children who are of compulsory school age, the complaint must be made by a person with parental responsibility or their foster parent/carer. For those young people over compulsory school age but under the age of 18, the young person can bring the complaint. Any complaint must be made within 6 months of the discrimination taking place and relate to a school, nursery or pupil referral unit maintained by a local authority, an independent school, a free school or academy. SENDIST cannot hear complaints related to a private nursery (unless it is part of a school), a further education college or an organisation using a school’s premises. It is free to make a complaint to SENDIST.

|  |  |
| --- | --- |
| **Website** | https://www.gov.uk/complain-about-school/disability-discrimination |
| **Email** | sendistqueries@justice.gov.uk |
| **Phone** | 0870 739 4017 |

### **Health**

If you are concerned about any aspect of the health advice at school, please speak to the health staff to find a quick solution or to call an early review of the IHCP, if there has been a significant change in need. If you do not feel that this resolves the difficulty, you can contact patient services and raise a formal complaint through them.

Leicestershire Partnership Trust patient advice and liaison service (PALS)

|  |  |
| --- | --- |
| **Email** | LPT.pals@nhs.net |
| **Phone** | 0116 295 0830 |

University Hospital Leicester patient information and liaison service (PILS)

|  |  |
| --- | --- |
| **Email** | pils.complaints.compliments@uhl-tr.nhs.uk |
| **Phone** | 08081 788337 |

### **Parliamentary and Healthcare ombudsman**

If you do not feel that your concern or complaint has been resolved by the NHS, after following the complaints procedures, you can ask the Parliamentary and healthcare ombudsman to consider the facts and make a final decision.

|  |  |
| --- | --- |
| **Website** | www.ombudsman.org.uk |
| **Phone** | 0345 015 4033 |

## Support Services

**SENDIASS \*\* the different LAs can delete to cover their area only.**

For support and advice, SENDIASS services offer free, confidential and impartial advice and support to parents and young people with disabilities who have concerns related to education.

|  |  |
| --- | --- |
| SENDIASS Leicestershire | |
| **Website** | www.sendiassleicestershire.org.uk |
| **Email** | info@sendiassleicestershire.org.uk |
| **Phone** | 0116 305 5614 |

|  |  |
| --- | --- |
| SENDIASS Leicester | |
| **Website** | www.sendiassleicester.org.uk |
| **Email** | info@sendiassleicester.org.uk |
| **Phone** | 0116 482 0870 |

|  |  |
| --- | --- |
| SENDIASS Rutland | |
| **Website** | www.sendiassrutland.org.uk |
| **Email** | info@sendiassrutland.org.uk |
| **Phone** | 07977 015674 |

**POhWER – East Midlands**

For support and advice, POhWER offer free, confidential, independent information, advice and support for parents, carers and young people who have concerns about their experiences of health services.

|  |  |
| --- | --- |
| **Website** | www.pohwer.net/east-midlands |
| **Phone** | 0300 456 2370 |

**Supporting Pupils at School with Medical Conditions**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Section 6.9 CoP = EqA

Section 6.11 CoP = IHCP

**DfE guidance**:

[Supporting pupils at school with medical conditions](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf) (PDF)

[Health needs guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf) (PDF)