



Ysgol Uwchradd
PRESTATYN
High School

Ysgol Uwchradd Prestatyn
Model Individual Healthcare Plan (IHP)

(Adapted from www.medicalconditionsatschool.org.uk)

Links to IHP templates for specific medical conditions:
<http://medicalconditionsatschool.org.uk/>

Please note: this is a very comprehensive IHP. Not all sections will be applicable. The school only needs to use the sections that are relevant and helpful to the care of the pupil.

If health professionals have already provided their own health care plan, the school might not need to create an IHP as long as the one from the health professional covers all the information that the school needs.

Section 4 of the policy will be followed when developing this IHP.

1. PUPIL INFORMATION

1.1 Pupil details

| | |
|--|--|
| Pupil's name: | |
| Date of birth: | |
| Year group: | |
| Nursery/School/College: | |
| Address: | |
| Town: | |
| Postcode: | |
| Medical condition(s): <i>Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.</i> | |
| Allergies: | |
| Date: | |
| Document to be updated/reviewed: | |
| Review triggers: | |

1.2 Family contact information

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

1.3 Essential information concerning this pupils' health needs

| | Name | Contact details |
|--|------|-----------------|
| Specialist nurse (if applicable): | | |
| Key worker: | | |
| Consultant paediatrician (if applicable): | | |
| GP: | | |
| Headteacher: | | |
| Link person in education: | | |
| Class teacher: | | |
| Health visitor/ school nurse: | | |
| SENCo: | | |
| Other relevant teaching staff: | | |
| Other relevant non-teaching staff: | | |
| Person with overall responsibility for implementing plan: | | |
| Person responsible for administering/supervising medication: | | |
| Arrangements for cover in these two peoples absence: | | |
| Any provider of alternate provision: | | |

| | |
|--|--|
| This pupil has the following medical condition(s) requiring the following treatment. | |
| Medication administration | Please complete parent/carer agreement for school to administer medication form (appendix 2) and attach to this IHP. Form 1 = |

1.4 Sharing information and record keeping

| | |
|---|--------------------------|
| In the best interests of the pupil the school might need to share information with school staff and other professionals about your child's healthcare needs e.g. nursing staff. Do you consent to this information being shared? | Yes / No (please circle) |
| What records will be kept about the pupil's healthcare needs, and how it will be communicated with others? | |

2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the pupil'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? | |

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a pupil 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 (e.g. tests or rest) that are required? | |

4. IMPACT OF MEDICAL CONDITION AND MEDICATION ON PUPIL'S LEARNING

(Impact statement to be jointly produced by health professional and a teacher)

| | |
|--|--|
| How does the pupil's medical condition or treatment affect learning? | |
|--|--|

| | |
|--|--|
| <i>i.e. memory, processing speed, coordination etc.</i> | |
| Actions to mitigate these effects | |
| Does the pupil require any further assessment of their learning? | |

5. IMPACT ON PUPIL'S LEARNING and CARE AT MEAL TIMES

| | Time | Note |
|-----------------------------------|------|------|
| Arrive at school | | |
| Morning break | | |
| Lunch | | |
| Afternoon break | | |
| School finish | | |
| After school club (if applicable) | | |
| Other | | |

- Please refer to home-school communication diary
- Please refer to school planner

6. CARE AT MEAL TIMES

| | |
|---|--|
| What care is needed? | |
| When should this care be provided? | |
| How's it given? | |
| If it's medication, how much is needed? | |
| Any other special care required? | |

7. 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 | |

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

| | |
|--------------------------------|--|
| What care needs to take place? | |
|--------------------------------|--|

| | |
|---|--|
| When does it need to take place? | |
| If needed, is there somewhere for care to take place? | |
| Who will look after medication and equipment? | |
| Who outside of the school needs to be informed? | |
| Who will take overall responsibility for the pupil on the trip? | |

9. SCHOOL ENVIRONMENT

| | |
|---|--|
| Can the school environment affect the pupil's medical condition? | |
| How does the school environment affect the pupil's medical condition? | |
| What changes can the school make to deal with these issues? | |
| Location of school medical room | |

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a pupil's attendance record.

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

11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a pupil with regard to healthcare administration, aids and adaptive technologies. 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? | |
| Headteacher/delegated person signature | |

13. TRANSPORT TO SCHOOL

| | |
|---|--|
| What arrangements have been put in place? | |
| Who will meet the pupil in school? | |

14. PERSONAL CARE

For pupils requiring intimate care as part of their IHP, please refer to the schools **intimate care policy**.

| | |
|--|--|
| What arrangements have been put in place in relation to any personal care needs across the school day? | |
|--|--|

15. PLEASE USE THIS SECTION FOR ANY ADDITIONAL INFORMATION FOR THE PUPIL.

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We suggest the following are stored together:

- IHP from health
- Medication consent form (if applicable)
- Statement of SEN / individual education plan / learning and skills plan

- One page profile
- Risk assessment
- Personal evacuation plan

16. SIGNATURES

| | Name | Signature | Date |
|------------------------------|-------------|------------------|-------------|
| Headteacher/delegated person | | | |
| Young person | | | |
| Parents/ carer | | | |
| Health professional | | | |
| School representative | | | |
| School nurse | | | |