

Supporting pupils with medical needs Policy



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| Written by | Harriet Carter | September 2025 |
| Next review due by | | September 2026 |

Introduction:

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014 Updated 2017
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy must be read alongside the Earley Springs Child Protection and Safeguarding Policy, the Staff Code of Conduct, and Keeping Children Safe in Education (KCSIE). Medical needs can interact with safeguarding concerns, and staff must remain alert to the possibility that changes in health, presentation, or behaviour may indicate a safeguarding issue.

DEFINITIONS OF MEDICAL CONDITIONS:

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

- Short-term affecting their participation at school because they are on a course of medication – please refer to Inclusion Policy and Mental Health and Wellbeing Policy
- Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, the Executive Board must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report, and the individual healthcare plan will become part of the EHCP.

THE STATUTORY DUTY OF THE EXECUTIVE BOARD:

The Executive Board remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Executive Board of Earley Springs fulfills this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others, and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures, and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines, including the completion of written records (see section below on managing medicines on school premises);

- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to:
 - Develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home-to-school transport
 - Purchase and train staff in the use of defibrillators
 - Once regulations are changed, consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

POLICY IMPLEMENTATION:

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Executive Board. The Executive Board has conferred the following functions of the implementation of this policy to the staff below; however, the Executive Board remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher.

The Senior Leadership Team, in conjunction with class teachers and parents/carers, will be responsible for drawing up, implementing, and keeping under review the individual healthcare plans. This will happen, at a minimum, three times per year at the EHCP meetings. In addition to other times during the school year, such as after a period of prolonged absence, medical treatment, change of medication or diagnosis, or hospitalisation.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy.

PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION:

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Earley Springs for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving

mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Earley Springs does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Supporting evidence would need to be provided before any formal amendments regarding change or additional diagnosis can be added or removed from the pupil's EHCP.

Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by an appropriate member of the Senior Leadership Team, and following these discussions, an individual healthcare plan will be written in conjunction with the parent/carers and class teacher or phase leader and be put in place.

INDIVIDUAL HEALTHCARE PLANS:

Individual healthcare plans ensure that Earley Springs effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when, and by whom. They are essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. A flowchart for

identifying and agreeing on the support a child needs and developing an individual healthcare plan is provided at Appendix 1.

Individual healthcare plans (Appendix 2 and 3) will be easily accessible electronically to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. A pupil requiring low-level support will have a green-bordered HCP, whereas those who have complex medical or physical needs will have a red-bordered HCP. This allows them to be easily distinguishable.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers, and any relevant healthcare professionals. Pupils should also be involved whenever appropriate. The aim should be to capture the steps that Earley Springs should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The responsibility for ensuring accurate and up-to-date information is provided rests with parents/carers.

Earley Springs will ensure that individual healthcare plans are reviewed at every EHCP meeting, or earlier, if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Earley Springs assesses and manages risks to the child's education, health, and social well-being, and minimises disruption. If medical information suggests possible safeguarding concerns—for example neglect of medical needs, failure to attend medical appointments, inconsistent medical history, or concerns about home care—this must be shared with the DSL, and the IHP review may trigger a safeguarding assessment or early help referral. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Appendix 2 and 3 provide a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information:

- 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 exams, use of rest periods or additional support in catching up with lessons, counseling sessions;

- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- Arrangements for written permission from parents/carers and the Principal, 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 child can participate, e.g., risk assessment.
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan.

ROLES AND RESPONSIBILITIES:

Healthcare professionals, including GPs and paediatricians, should notify the Community Specialist School Nursing Team when a child has been identified as having a medical condition that will require support at school. They will be able to provide support and training to staff for children with particular conditions (e.g., asthma, diabetes, epilepsy, anaphylaxis).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions. For other pupils, they can be unable to communicate their thoughts, levels of pain, discomfort, or sudden changes to their health, and therefore staff must be observant and alert to knowing the pupil's usual presentation and taking the appropriate action should things begin to change.

Many pupils at Earley Springs have communication and interaction needs, staff must be particularly vigilant for non-verbal indicators of distress, pain, neglect, or abuse. Changes in a child's presentation, regulation, or medical symptoms must always be shared with the DSL in line with KCSIE.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They

should carry out any action they have agreed to as part of its implementation, e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The Designated Safeguarding Lead (DSL) must be informed of any medical concern that raises safeguarding indicators, including possible neglect, fabricated or induced illness (FII), unexplained injuries, or concerns about a child's home circumstances. The DSL will oversee safeguarding decision-making, ensure appropriate referrals are made, and coordinate multi-agency involvement where necessary.

STAFF TRAINING AND SUPPORT:

Earley Springs will ensure staff are appropriately trained and have the resources they need to safely complete their role in administering medication.

- **Training and Support:**

- School first aiders (full certificate) are as per the authorised list, circulated separately by the Senior Leadership Team
- Paediatric First Aiders are as per the authorised list, circulated separately by the Senior Leadership Team
- **Named people for administering medicines:** All staff administering medication have completed their Paediatric First Aid training.
- **Specific/Specialist Training:**
 - Defibrillator trained staff are as per the list of first aiders; defibrillator training is now inclusive within this.
 - Staff working with pupils with medical needs have been trained and signed off as competent by the Senior Leadership Team

- **Training Delivered:**

- Epilepsy Awareness
 - Medication administration
 - Asthma awareness
 - Anaphylaxis awareness
 - EpiPen awareness

- **Training Requirements:**

- All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so.
- The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.
- We may choose to arrange training ourselves and will ensure that it remains up-to-date.

- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfill the requirements set out in the individual healthcare plans.
- They will need an understanding of the specific medical conditions they are being asked to deal with, their implications, and preventative measures.
- **Competency:**
 - Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans).
 - A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
 - Healthcare professionals, including the school nurse, can provide confirmation of staff proficiency in a medical procedure or in providing medication.
 - These competencies need to be reviewed annually to remain valid for completing a medical intervention.
- **Whole School Awareness:**
 - All staff will receive induction training and regular whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
 - The School will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures, so that staff can recognise and act quickly when a problem occurs.
- **Parental Involvement:**
 - The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views.
 - They should provide specific advice but should not be the sole trainer.

THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS:

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so, provided the following criteria are met, and this will be reflected in the individual healthcare plan:

- **Risk Assessment:** A risk assessment will have taken place to determine if a pupil has the knowledge and understanding to carry their own medication safely. The risk assessment will consider:
 - The pupil's ability

- The ability of their peers and classmates
- The ability of peers within shared and accessible areas across the site
- The specific medication and its potential side effects/risks
- **Safety:** Carrying their own medication must not put them at risk, should it be required to be administered.

For the vast majority of the school population, any emergency medicines and equipment for specific children should be kept close to the child at all times. These will be carried by staff within the green bum-bags distributed by the school.

Staff will not force a pupil to take medication or carry out a necessary procedure if they refuse but will inform parents in writing in the contact book and via phone conversation. If this becomes a recurrent issue, it will need to be identified in the pupil's HCP so that an alternative option can be considered, if necessary.

MANAGING MEDICINES ON SCHOOL PREMISES AND RECORD KEEPING:

At Earley Springs, the following procedures will be followed. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so:

- **Parental Consent:** No child under 16 should be given prescription or non-prescription medicines without their parents' written consent (this will be in the HCP) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- **Non-Prescription Medicines:** With parental written consent, we will administer non-prescription medicines other than aspirin or any medication containing aspirin, except as prescribed by a doctor. Medication, e.g., for pain relief, should never be administered without first checking the maximum dosage and when the previous dose was taken. Parents should be informed.
- **Prescribed Medicines:** Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours. Earley Springs will only accept prescribed medicines, with written permission from the parent/carer, that are in-date, labeled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage, and storage. The exception to this is insulin, which must be in-date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.
- **Storage:** All medicines, other than controlled drugs, will be stored safely in the medical room. Staff should know where medicines are at all times and be able to access them immediately. The exceptions to this are emergency medications, which will be kept within the green bum bag and with a staff member at all times.
- **Accessibility:** Medicines and devices such as asthma inhalers, blood glucose testing meters, and adrenaline pens should be provided by parent/carer and readily available.

Earley Springs do not keep asthma pumps or epi-pens on site. Asthma inhalers should be marked with the child's name.

- **Emergency Medications:** Each child requiring emergency medications will have a green, labeled bum bag that will contain their medications and individualised protocols (e.g., asthma, epilepsy plan written by a consultant or specialist). These bags will travel with the child around the school building or when taken off-site.
- **Controlled Drugs:** A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offense. Monitoring arrangements may be necessary. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- **Administration:** Staff administering medicines should do so in accordance with the prescriber's instructions. Earley Springs will keep a record of all medicines administered to individual children, stating what, how, and how much was administered, when, and by whom. Any side effects of the medication to be administered at school should be noted. Staff administering medication will be accompanied by another staff member as witness.
- **Electronic Records:** Electronic records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- **Manual Records:** MAR charts are used to record this information. Please see Appendix 4 and 5.
- **Disposal:** When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Records relating to medical interventions may also form part of the safeguarding record where concerns about neglect, fabricated illness, or inconsistent medical reporting arise. In such cases, the DSL will ensure that information is cross-referenced with the school's safeguarding recording system in line with KCSIE.

EMERGENCY PROCEDURES:

- **Emergency Planning:** As part of visit planning and risk assessments, arrangements are in place for dealing with emergencies for all school activities, wherever they take place, including school trips within and outside the UK, as part of the general risk management process.
- **Individual Healthcare Plans:** The pupil's individual healthcare plan should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- **During any medical emergency,** staff must also consider whether the circumstances raise safeguarding concerns. The DSL must be informed following any emergency

intervention where a child's medical presentation appears unusual, unexplained, or inconsistent with known health conditions.

- **Hospital Transport:** If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

DAY TRIPS, RESIDENTIAL VISITS, AND SPORTING ACTIVITIES:

We will actively support pupils with medical conditions to participate in day trips, residential visits, and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take into account any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

OTHER ISSUES FOR CONSIDERATION:

- **Home-to-School Transport:** Where a pupil uses home-to-school transport arranged by the LA and they also have a life-threatening medical condition, we will share the pupil's individual healthcare plan and medical needs with the local authority at the request of the parent/carer.

UNACCEPTABLE PRACTICE

Although staff at Earley Springs should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is generally not acceptable practice to:

- **Restricting Access:** Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- **Discrimination:** Assume that every child with the same condition requires the same treatment.
- **Ignoring Views:** Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged).
- **Unnecessary Absences:** Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- **Inadequate Support:** If the child becomes ill, send them to the school office or medical room unaccompanied or with someone untrained if they have a medical condition.

- **Penalizing Attendance:** Penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments.
- **Restricting Basic Needs:** Prevent pupils from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- **Parental Burden:** Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- **Barriers to Participation:** Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g., by requiring parents to accompany the child.

COMPLAINTS:



Should parents/carers be unhappy with any aspect of their pupil's care at Earley Springs, they must discuss their concerns with the school. This will be with the pupil's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay their concern, the problem should be brought to a member of the Senior Leadership Team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Earley Springs Complaints Procedure.

REVIEW:



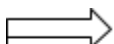
This policy will be reviewed annually or at any other time if changes are required to comply with changes in legislation, regulation, or National or KCC advice.

Appendix 1: Model process for developing individual healthcare plans

Parent or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend a new school, or is due to return to school after a long-term absence, or that needs have changed.

Headteacher or senior member of school staff to whom this has been delegated, coordinates meetings to discuss child's medical support needs; and identifies members of school staff who will provide support to pupils.

Meeting to discuss and agree on the need for IHCP to include key staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professionals must be provided.

School staff training needs identified.

Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed.

IHCP implemented and circulated to all relevant staff.



IHCP reviewed annually or when conditions change. Parent or healthcare professional to initiate.

Appendix 2 – Blank General Healthcare Plan (HCP)

| HEALTH CARE PLAN | |
|----------------------------------|----------------------------------|
| Pupil Name: | |
| DOB: | |
| Learning Approach: | |
| Home Address: | Home Address: |
| Parent/Carer 1: Name: | Parent/Carer 2: Name: |
| Relationship to child: | Relationship to child: |
| Telephone number: | Telephone number: |
| Mobile: | Mobile: |
| Email: | Email: |

HEALTH CARE PLAN

Pupil Name:

DOB:

Learning Approach:

Alternative contact 1

Name:

Address:

Relationship to child:

Telephone number:

Mobile:

Alternative contact 2

Name:

Address:

Relationship to child:

Telephone number:

Mobile:

Social situation:

Siblings (and ages) at home:

Siblings (and ages) - no longer at home:

Living with parents: Yes/No

Looked after child: Yes/No

If Yes, to which Local Authority:

Transport:

Password:

GP Name & Surgery:

Medical professionals (e.g. consultant, community nurse, podiatrist, dietician etc)

Details

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Additional Support Workers (i.e. Social Worker, PA):
(Please provide Name, Email, and contact numbers for all)
Social Worker -

CAMHS -

Respite -

PA -

Therapy Provision Level at Earley Springs:
SALT: Direct / Indirect / Universal (teacher-led-ST/TLTS)
OT: Direct/ Indirect / Universal (teacher-led-ST/TLTS)

Medical diagnosis:

Was the pupil born prematurely?

Please give details:

Medication - home:

Medication - school:

The Supporting Pupils with Medical Needs Policy October 2021 states;
'Each child requiring emergency medications will have a red, labelled waist bag which will contain their medications and individualised protocols (e.g. asthma, epilepsy plan written by consultant or specialist). These bags will travel with the child around the school building or when taken off site.'

Do you feel your child is able to do this safely? Yes / No

Do you give your consent for your child to carry their own medical bag around School if applicable? Yes / No

NOTE - Staff will carry the bags if consent is not given. All medication is locked away in a medical cabinet in the evening and weekends, unless otherwise advised by yourselves.

Medical interventions that must be administered during the school day:

E.g. medication administration/ physiotherapy/ chest percussion/ suction/ enteral feeds.

| What? | When? | Who by? |
|-------|-------|---------|
| | | |

Physical disability:

Equipment/Apparatus used:

Include training adults must have in order to support pupils in safely using equipment, e.g. manual handling, OT model splint use etc.

Epilepsy: Yes/No

If Yes please give a summary of seizure activity:

Is an Epilepsy protocol in place? Yes/No

If yes, please ensure this is attached

Allergies: Yes/No

If yes, briefly identify severity (i.e. does this cause anaphylaxis). Include allergies to food, medication, known skin reactions and hayfever:

Is an Allergy Protocol in place? Yes/No

If yes, please ensure this is attached

Toileting/Personal care supports:

Respiratory difficulties: Yes/No

Is an Asthma/ Other respiratory Protocol in place?: Yes/No

If yes, please ensure this is attached

Feeding & Drinking

Specialist plans for oral or internal/gastric feeds must be attached

Describe how the child eats:

Route, presentation, behaviours for eating:

Describe how the child drinks:

Route, presentation, behaviours for drinking:

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Daily care requirements carried out at school:

E.g. personal care, airway maintenance, transfers (including hoisting), body brushing 3x daily, oral care etc.

Special arrangements for outings/school trips:

Danger awareness of pupils, informing parents, level of supervision.

If using a buggy/wheelchair that is not normally used during the school day, signed consent must be given.

Additional information:

Who is the point/contact for reference in an emergency?

Describe what constitutes an emergency and the action to take if this occurs.

Are there any specific instructions re: calling an ambulance?

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What do parents want/need to be informed of?

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Does the pupil have an additional health care professional involved at home?

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****** By signing this form I hereby give consent for trained and competency assessed for staff at the school to administer the medicines and healthcare interventions stated above to the named child, at the designated times, and as per the directions specified by the prescriber. I agree that medication and health care interventions will be administered in accordance with the schools policy. I agree to inform trained school staff in the child's class immediately in writing if there are any changes to the medication or health care interventions, the regime or if the medicine or health care intervention has been paused or stopped. I understand that not sending in the named child's medication as per the requirements, or not providing up to date information or paperwork, may result in medication or health care interventions not to be given. I consent for school and NHS staff to access medical records for the named child in the instance of it being in their best interests.

I declare that the information I have written is, to the best of my knowledge, accurate at the time of writing and signing this form.

Parent/Carer

Name: Signed:

Date:

| People who have had additional input into the Healthcare Plan: | | |
|--|--------------|----------------|
| Name: | Designation: | Date of input: |
| | | |
| | | |

| <u>People who have had additional input into the Healthcare Plan:</u> | | |
|--|--|--|
| | | |
| | | |

Appendix 3 – Red-bordered Healthcare Plan (HCP) for pupils with complex needs

| |
|--|
| HEALTH CARE PLAN |
| Pupil Name: DOB: NHS Number: Learning Approach: |

| | |
|---|---|
| Home Address: Parent/Carer 1 Name: Relationship to child: Telephone Number: Mobile: Email: | Home Address: Parent/Carer 2 Name: Relationship to child: Telephone Number: Mobile: Email: |
| Alternative contact 1 Name: Address: | Alternative contact 2 Name: Address: |

| | |
|---|---|
| Relationship to child: Telephone Number: Mobile: | Relationship to child: Telephone Number: Mobile: |
|---|---|

| |
|---|
| Social situation: Siblings (and ages) at home: Siblings (and ages) - no longer at home: Living with parents: Yes/No Looked after child: Yes/No If Yes, to which Local Authority: |
|---|

| |
|---|
| Transport: Password: |
|---|

| |
|-------------------------------|
| GP Name & Surgery: |
|-------------------------------|

| | |
|--|-----------------|
| Medical Professional: (e.g. consultant, community nurse, podiatrist, dietician etc) | Details: |
|--|-----------------|

| |
|--|
| Additional Support Workers (i.e Social Worker, PA): <i>(please provide Name, Email, and contact numbers for all)</i> Social Worker - |
|--|

CAMHS -

Respite -

PA -

Therapy provision Level at Earley Springs:

SALT:

OT:

Medical diagnosis:

Is there an Advanced Care Plan in place?

When was this updated last?

Was the pupil born prematurely?

Please give details:

Medication - Home:

Name of medication and strength (NOT brand name and description); oes; when given and how many times given (e.g. PRN, 1x daily at nights); route

Medication - School:

Name of medication and strength (NOT brand name and description); oes; when given and how many times given (e.g. PRN, 1x daily at nights); route

The Supporting Pupils with Medical Needs Policy October 2021 states;
'Each child requiring emergency medications will have a red, labelled waist bag which will contain medications and individualised protocols (e.g. asthma, epilepsy plan written by consultant or specialist).

These bags will travel with the child around the school building or when taken off site.

Do you feel your child is able to do this safely? Yes/No

Do you give your consent for your child to carry their own medical bag around School if applicable: Yes/No

Note - Staff will carry the bags if consent is not given. All medication is locked away in medical cabinet in the evening and weekends, unless otherwise advised by yourselves.

Medical Interventions that must be administered during the school day.
E.g. medication administration/ Physiotherapy/ Chest percussion/ Suction/ Enteral feeds.

| What? <i>E.g 'Suctioning'</i> | When? <i>As required to clear airway</i> | Who by? <i>Trained staff only</i> |
|---|--|---|
| | | |

Physical disability:

Equipment/ Apparatus used:

| |
|--|
| |
|--|

Epilepsy: Yes/No

Is an Epilepsy Protocol in place: Yes/No
If yes, please ensure this is attached

Allergies: Yes/No

Is an Allergy Protocol in place: Yes/No
If yes, please ensure this is attached

Toileting/ Personal care supports:

Respiratory difficulties: Yes/No

Is an Asthma/ Other Respiratory Protocol in place: Yes/No
If yes, please ensure this is attached

Feeding & Drinking

Specialist plans for oral or interal/ gastric feeds must be attached.

Describe how the child eats:

Describe how the child drinks:

Daily care requirements carried out at school:

Special arrangements for outings/school trips:

Additional information:

Who is the point/contact for reference in an emergency:

Describe what constitutes an emergency and the action to take if this occurs.

Are there any specific instructions re: calling an ambulance?

What do parents want/need to be informed of?

Does the pupil have an additional health care professional involved at home?

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paperwork, may result in medication or health care interventions not to be given. I consent for school and NHS staff to access medical records for the named child in the instance of it being in their best interests.

I declare that the information I have written is, to the best of my knowledge, accurate at the time of writing and signing this form.

Parent/Carer

Name: Signed:

Date:

| People who have had additional input into the Healthcare Plan: | | |
|--|--------------|----------------|
| Name: | Designation: | Date of input: |
| | | |
| | | |
| | | |
| | | |

Appendix 4 - As Required Medical Administration Form:

<http://earleyspringsschool.com/wp-content/uploads/2025/03/Appendix-4-As-Required-Medication-Admin-Form.pdf>

Appendix 5 - Medical Administration Form:

<http://earleyspringsschool.com/wp-content/uploads/2025/03/Appendix-5-Medical-Admin-Form.pdf>

