

# Guidance for Supporting the Needs of Children and Young People with Medical Conditions Attending Educational Settings

Updated August 2024

## Introduction

This guidance is designed to ensure that children and young people who have medical needs are able to have full access to educational settings, including early years settings, schools and colleges.

It provides a framework for a consistent response to the health needs of children and young people in a confidential and respectful way to ensure that they have the opportunity to participate in all aspects of learning.

The aim of this guidance is to:

- Demonstrate a local multi-agency commitment to positively promote the inclusion of all children with medical needs delivered in partnership with children, young people and their families.
- Clarify roles, responsibilities, and accountability in enabling children and young people with medical needs to be fully included in educational settings.
- Provide reassurance and clarity to both children and young people and their parents and carers about what they can expect to be provided, and by whom.
- Provide a framework within which to manage the risks associated with supporting a child or young person's medical needs at the educational setting.

## Background and the National Context

This guidance is based on the principles contained within the following documents:

The Department for Education (2015) *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

The Royal College of Nursing (RCN 2018) *Meeting Health Needs in Educational and Other Community Settings* <https://www.rcn.org.uk/professional-development/publications/pdf-006634>.

The Children and Families Act (2014) [https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)

The Equality Act (2010) <https://www.gov.uk/guidance/equality-act-2010-guidance>

Council for Disabled Children and Department for Education (2022) *Disabled Children and the Equality Act 2010: What teachers need to know and schools need to do* [Disabled Children and the Equality Act 2010: What teachers need to know and what schools need to do \(councilfordisabledchildren.org.uk\)](https://www.councilfordisabledchildren.org.uk/2010-What-teachers-need-to-know-and-what-schools-need-to-do)

Improving access to education and educational achievement for pupils with medical needs is essential to ensure equality of opportunity, full participation in society, access to employment opportunities and inclusion within mainstream education.

The Children and Families Act (2014) requires maintained schools, academies, and pupil referral units to make arrangements for supporting pupils at the school with medical conditions and to have regard to the statutory guidance published by the DfE (2015) ‘*Supporting pupils at school with medical conditions*’.

The guidance identifies that children and young people with medical conditions may count as being disabled under The Equality Act (2010) and schools should ensure they can access the same opportunities as other pupils. It also supports settings to understand what may be considered reasonable adjustments for this group of pupils.

‘*Supporting pupils at school with medical conditions*’ also provides schools with guidance on the development of policies on the management and administration of medicines and on putting in place systems for supporting individual pupils with medical needs (CDC and DfE 2022).

## Local Context

This guidance seeks to provide clarity to all education settings who support children and young people with medical needs. It emphasizes their responsibility to ensure that all appropriate policies and documents are completed and available in line with their statutory duties, and to ensure that they are able to effectively meet the needs of children and young people with medical needs who attend their setting.

These policies will include (but are not limited to) the following:

- Safeguarding Policy, including providing intimate care
- Supporting pupils with Medical Needs, including administration of medication, record keeping and disposal of sharps.
- Health and Safety Policy, including risk assessments and moving and handling plans.

Each Local Authority has their own ‘Local Offer’ which provides information on local services for children, young people and their families which can be found using the following links:

Bath and North East Somerset: <https://www.rainbowresource.org.uk/>

Swindon: <https://localoffer.swindon.gov.uk/home>

Wiltshire: <http://www.wiltshire.gov.uk/local-offer>

## Roles and Responsibilities

Guidance on the roles and responsibilities for individuals and specific settings which support children and young people are described in the Department for Education (2015) guidance document “Supporting pupils at school with medical conditions” and the Royal College of Nursing (2018) document “Meeting Health Needs in Educational and other Community Settings”.

- **Parental Responsibility**

Parents should ensure that the setting is provided with sufficient, relevant, and up to date information about their child’s medical needs, including details of any health professionals who are involved with

their child. They should maintain effective communication with the setting to identify any changes in the child or young person's condition and where applicable, participate in the regular review and update of their child's Individual Health Care Plan.

- **Child and Young Person Involvement**

All Children and young people with medical needs should be included in meetings and have the opportunity to express their own thoughts and feelings; they should also be encouraged to provide their consent for each identified health or care procedure or intervention when appropriate to do so.

- **Governing Bodies and Setting Staff**

Governing bodies, proprietors, trustees of all types of educational and community settings are legally responsible under Section 100 of the Children and Families Act (2014) to make suitable arrangements to support pupils with medical conditions, and each setting should identify a named person with responsibility for effective policy implementation.

Settings must ensure there are sufficient staff who are appropriately trained to meet needs of the Children and Young People, ensuring that it is not the responsibility of just one member of staff to carry out health and care procedures / interventions. Policies should identify collaborative working arrangements between school staff, parents, the child or young person, health care professionals and local authorities. Settings must undertake risk assessments for setting environment, visits, holidays and any other activity e.g., PE or other sporting activities.

Individual Health Care Plans (IHCP's) or School Health Action Plans should be drawn up to capture how to support individual children and young people. These plans should be reviewed at least annually or sooner if medical needs change. Settings must ensure written records of treatment and care are maintained and that parents are informed if the child or young person is unwell at school.

Any staff members involved in supporting the child or young person must have access to the IHCP and have received sufficient training to deliver the care required. Staff should have an understanding of the specific conditions they are being asked to deal with and request further training if they do not feel they have sufficient skills to deliver the care required (Health and Safety at Work Act 1974). All school staff should undertake basic awareness training with annual updates as specified in the settings Health and Safety Policy, this is likely to include asthma, allergy and first aid awareness.

Local arrangements will need to be described in each settings administration of medication / medical needs policy.

- **Healthcare Professionals**

Healthcare professionals are responsible for producing the Individual Health Care Plan (IHCP) which is held by the educational setting. Depending on a child's diagnosis and subsequent medical needs this may involve contributions from professionals such as the School Nurse, Epilepsy or Diabetes Nurse Specialist, Children's Community Nurse or Specialist Physiotherapist. They will ensure that settings are notified and updated about a child's medical needs and provide the setting with the relevant information and training required to safely care for that child or young person (as detailed in

the IHCP). The Healthcare Professional will also monitor the accuracy and impact of the IHCP and update it at least annually (or sooner if medical needs change).

- [The Local Authority and Integrated Care Board](#)

The local Authority (LA) and Integrated Care Board (ICB) agree joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the educational setting for medical reasons.

## Risk Assessment

It is the responsibility of the individual educational setting to undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals involved. The risk assessment process should clearly identify:

- Any risks identified around the medical needs and the impact that these needs have on the child or young person and others.
- Control measures to manage the risks e.g. specialist resources, environment considerations.
- Any training needs; specifically who will need to be trained, how often, to what level and by whom.
- Measures in place to maintain the privacy and dignity of the child or young person.
- All environments the child or young person may access whilst under the care of the setting, such as trips and visits, sports activities and transport arrangements.

## Education or Community Setting Health Action Plan

A [Health Action Plan](#) also known as a [Health Care Plan](#) or a [Care Plan](#) is a document drawn up between an education setting and a child's parents or carers which describes how the child's care will be delivered by setting staff during the school day, for example a toileting or personal hygiene care plan.

A Health Action Plan or Health Care Plan may also be required when a child needs administration of medication not covered under the setting's generic policy such as the administration of medication policy, and will usually involve documenting details about what's required and when, liaising directly with the child's parents or carers.

Development of a school Health Action Plan or a Health Care Plan wouldn't usually require clinical oversight by the School Nurse as the information it contains would not usually be prescriptive, nor would it involve staff delivering clinical interventions, and staff would be expected to follow locally agreed processes.

## Individual Health Care Plan (IHCP)

An [Individual Health Care Plan](#) (IHCP) is required when a child or young person is identified as needing specific clinical interventions such as gastrostomy tube feeding, oral suctioning and the administration of emergency medication whilst in attendance at the setting, and which is not covered under one of the setting's generic policies.

An IHCP is normally drawn up and signed off by a qualified health care professional who will provide the appropriate advice, support and training to ensure that setting staff are competent to carry out the required tasks safely. For example, emergency management of a child with Epilepsy who requires the administration of Buccal Midazolam for a prolonged seizure. In this case the Epilepsy Nurse Specialist or Community Children's Nurse (CCN) who knows the child will be responsible for developing and reviewing the IHCP in liaison with their parents, and will also provide ongoing advice and support and deliver any necessary training required.

## Review Process

All Health Action Plans and IHCP's must be reviewed by settings, in liaison with parents, at least annually, or more frequently if the child or young person's needs change to ensure the plan is still up to date and accurate. Parents should be asked to inform settings of any changes to their child's medical condition or management plan and share any updated advice from healthcare professionals at the earliest opportunity.

Some medical conditions are not expected to change so in some instances Health Action Plans will not routinely need to be amended, but settings must still check with families that the plan still contains the most up to date recommendations.

It is the responsibility of all settings to complete their own Risk Assessments and support transitions by sharing Health Action Plans.

Differences between a Health Action Plan and an Individual Health Care Plan (IHCP)

Setting Health Action plan	Individual Health Care Plan
<p>Education setting <b>Health Action Plans</b> are normally (but not exclusively) related to <b>Level 1</b> needs as described in <a href="#">Appendix A</a>.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of how CYPs needs may impact on attending the setting.</li> <li>• How to support the CYP in a particular setting including activities such as PE or off site activities.</li> <li>• Identifies what training staff require and how this is accessed</li> <li>• Risk assessment of how needs can be managed in setting</li> <li>• Parental/child agreement to care</li> <li>• Review arrangements</li> </ul> <p>An example can be found in <a href="#">Appendix D</a></p>	<p><b>Individual Health Care Plans</b> are normally (but not exclusively) related to <b>Level 2</b> needs as described in <a href="#">Appendix A</a>.</p> <p>The format of the plan should include:</p> <ul style="list-style-type: none"> <li>• Description of the child’s individual needs and how these may impact on the child, what they can do for themselves.</li> <li>• Level of support needed for routine daily care</li> <li>• Details of any medication needed, storage and disposal of medication, dose, method of administration</li> <li>• Clinical procedures which need to be carried out, by whom, when and how</li> <li>• Details of any tests that need to be undertaken in school and action to be taken depending on results, e.g. diabetes care</li> <li>• What training is required and how this will be provided including assessment of competence</li> <li>• Any additional medical information required to keep the child safe within the setting including a description of what constitutes an emergency and what action should be taken</li> <li>• Parental/child agreement to care plan</li> <li>• Should include a review date, in some circumstance when no changes are expected this may be less frequently than annually, but this should be documented.</li> <li>• Healthcare professional sign off of the plan including any support staff competency.</li> </ul> <p>An example can be found in <a href="#">Appendix E</a></p>



### Points to consider when writing plans

The health care plan should only contain relevant information.

The views of the child should be sought to establish what information they want to be shared with staff and potentially other pupils to keep them safe.

All plans should be stored and shared in line with data protection guidance.

All plans will have to be shared with temporary or agency setting staff to ensure they are alerted to the needs of Children and Young People with plans.

## Record Keeping

All medication and interventions / procedures that need to be undertaken should be clearly documented in accordance with the settings medication policy and the LA's Health and Safety guidance. Records should be updated contemporaneously i.e. documented immediately after the event.

For a summary of the Level of Need descriptors, process and record keeping responsibilities please refer to summary table set out in [Appendix A](#).

## Training

When a health professional has developed an IHCP for a child or young person they will support and advise setting staff on the training required to ensure staff achieve the agreed competencies in line with evidence based best practice.

The level of training and support will be proportionate and relevant to the level of need as specified in [Appendix A](#). The skills required to meet these needs may be routine and easily obtained ([Level 1 tasks](#)) or may require training from specialist health professionals ([Level 2 tasks](#)) or they may be tasks that should only be carried out or delegated by trained health professionals who have received additional training ([Level 3 tasks](#)).

Once training has taken place and any agreed competencies have been achieved then setting staff will have the required skills to safely manage the identified health and / or care interventions for the individual child or young person. Setting Staff will have the contact details of the Health Professional who trained them should they need to request further training or support, including advice if the child or young person's needs change.



## Planning for Emergencies

Each setting must have policies and procedures in place which clearly detail actions that need to be taken in the event of an emergency. These should be easily accessible to all setting staff and must include details of when and how to contact both the child's parents and the Emergency Services (999). This may also include identifying procedures which are unique to a specific setting or activity.

## Funding

The majority of children and young people with medical needs will only require a minimal level of additional support to access a setting and engage with activities. This is generally considered to be a 'reasonable adjustment' or, where additional resources are needed, then a setting would be expected to use the notional funding allocated for the provision of Special Educational Needs and / or Disability (SEND) which is intended to support access and inclusion.

For Early Years settings most medical needs will be met within the setting's reasonable adjustments and adult to child ratios. Inclusion support funding is also available from the LA where children's medical needs are impacting on their education.

When a child or young person has been found eligible for NHS Children's Continuing Care (CCC) then the ICB will consider requests to contribute to the provision required to support medical needs which fall into Level 3 ([See Appendix A](#)) which doesn't result in a duplication of provision or funding.

## Insurance and Indemnity

Educational settings must ensure they have an appropriate level of indemnity insurance to cover for both organizational and individual accountability as described in the Health and Safety policy.

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

## Safeguarding

All settings and their staff providing a service for children and young people with a disability should be aware of the wealth of published evidence which highlights their increased vulnerability to abuse and neglect. <https://www.gov.uk/topic/schools-colleges-childrens-services/safeguarding-children>

Appropriate communication between all professionals is essential for effective safeguarding practices, especially where there is increased vulnerability.

All setting staff must have received an appropriate level of Safeguarding training and undergone pre-employment checks. Local multi-agency safeguarding procedures should be well established and

communicated across the setting, and a supportive culture where concerns are raised and investigated should be encouraged.

## Monitoring and Evaluation

This guidance should be reviewed by the ICB Designated Clinical Officers (DCO's) on a yearly basis, or sooner if there are significant changes to local or national policy, or if it is deemed that the guidance no longer demonstrates evidence based best practice.

## APPENDIX A

### Levels of Need, Responsibilities and Support Implications

Children and young people may present with a range of needs.

Levels of health and / or care interventions which may be required by children and young people fall broadly into three groups which are differentiated by the skills required to undertake the task and any associated risks.

It should be noted that this list is not exhaustive, and the ICB Designated Clinical Officer (DCO) will be able to offer advice and support to settings should an intervention not be listed below.

	<b>Level 1</b> <b>Routine and Easily Acquired Skills</b>	<b>Level 2</b> <b>Tasks Requiring Training from a Health Professional</b>	<b>Level 3</b> <b>More complex clinical procedures</b>
<b>Tasks</b>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>• Making up of a routine infant feed following instructions as to how much feed and water to mix together</li> <li>• Assisting a child with eating or drinking in accordance with a simple plan which may involve environmental, postural and equipment adaptations to promote independence at meal times.</li> </ul>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>• Administering medicine via a Nasogastric or Gastrostomy Tube in accordance with a child's individual Health Care Plan</li> <li>• Administration of bolus or continuous feeds via a Nasogastric or Gastrostomy tube including setting up an electronic pump</li> <li>• Stoma care including maintenance of patency of a stoma in an emergency situation</li> </ul>	<p><b>Feeding and Medication</b></p> <ul style="list-style-type: none"> <li>• Re-insertion of a Nasogastric or Gastrostomy Tube</li> <li>• Intramuscular and sub-cutaneous injections involving assembling of the syringe and dose calculation</li> <li>• Intravenous administration of medication</li> <li>• Programming of syringe drivers</li> <li>• Administration of prescribed Medication not documented in the child's Individual Health Care Plan</li> </ul>

	<p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Providing intimate personal care, assisting with cleaning and changing of soiled clothing, changing nappies and sanitary wear</li> <li>• Promoting continence by assisting with toileting regimes, ensuring children have access to appropriate and accessible toilets, regular drinks encouraged etc</li> <li>• Moving and handling; assisting a child who may have mobility problems in accordance with local policy and / or in addition to advice from their Physiotherapist or Occupational Therapist</li> <li>• Dry/wet wrapping for a child with eczema; a prescribed treatment involving dressings for children with severe eczema</li> <li>• Undertaking a child's physiotherapy program by following the plan developed by their Physiotherapist</li> </ul>	<ul style="list-style-type: none"> <li>• Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's Health Care Plan, e.g. Insulin for diabetes or Adrenaline for Anaphylaxis</li> <li>• Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine e.g., rectal diazepam</li> <li>• Rectal paraldehyde which is not pre-packaged and has to be prepared before it can be administered, permitted on a named child basis as agreed by the child's lead medical practitioner e.g., Community Paediatrician or Consultant Neurologist</li> <li>• Emergency administration of 'rescue medication' such as Buccal or Intra-nasal Midazolam for seizures, and Hypo stop or Gluco Gel for the management of low blood sugars in Diabetes</li> </ul> <p><b>Personal Care, Toileting and Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Intermittent Catheterisation and routine catheter care for both urethral and</li> </ul>	<p><b>Personal care, toileting and manual handling</b></p> <ul style="list-style-type: none"> <li>• Re-insertion of permanent urethral or supra-pubic indwelling catheters</li> </ul> <p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Deep Suctioning (where the oral suctioning tube goes beyond the back of the mouth, or tracheal suctioning beyond the end of the trachea)</li> <li>• Ventilation care for an unstable and unpredictable child</li> </ul>
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	<p><b>Breathing</b></p> <ul style="list-style-type: none"> <li>• Use of inhalers; assisting a child who may have respiratory problems (e.g. asthma) in accordance with local policy</li> <li>• Assisting and supporting a child who may need emergency care, including basic life support (CPR), seizure management or anaphylaxis treatment in accordance with local policy</li> <li>• Administering oral medicine in accordance with local policy to include over the counter medication such as Paracetamol</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>• Care of a child with epilepsy (not requiring emergency medication) to ensure the safety of the child is maintained during a seizure</li> <li>• Simple dressings applied to the skin following a written care plan, for example, application of a gauze non-adhesive dressing with tape to secure, or the application of a Transdermal patch</li> </ul>	<p>supra-pubic catheters and management of Mitrofanoff (a surgical opening to the bladder)</p> <ul style="list-style-type: none"> <li>• Routine Tracheostomy care including suction using a suction catheter</li> <li>• Emergency change of a tracheostomy tube</li> <li>• Oral suction of the mouth</li> <li>• Emergency interventions which would be deemed basic first aid and includes airway management</li> <li>• Assistance with prescribed oxygen administration including oxygen saturation monitoring where required</li> <li>• Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs</li> </ul> <p><b>Other Support and Interventions</b></p> <ul style="list-style-type: none"> <li>• Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner e.g., Consultant Paediatrician or Paediatric Diabetes Nurse Specialist and as detailed in their individual Health Care Plan</li> </ul>	
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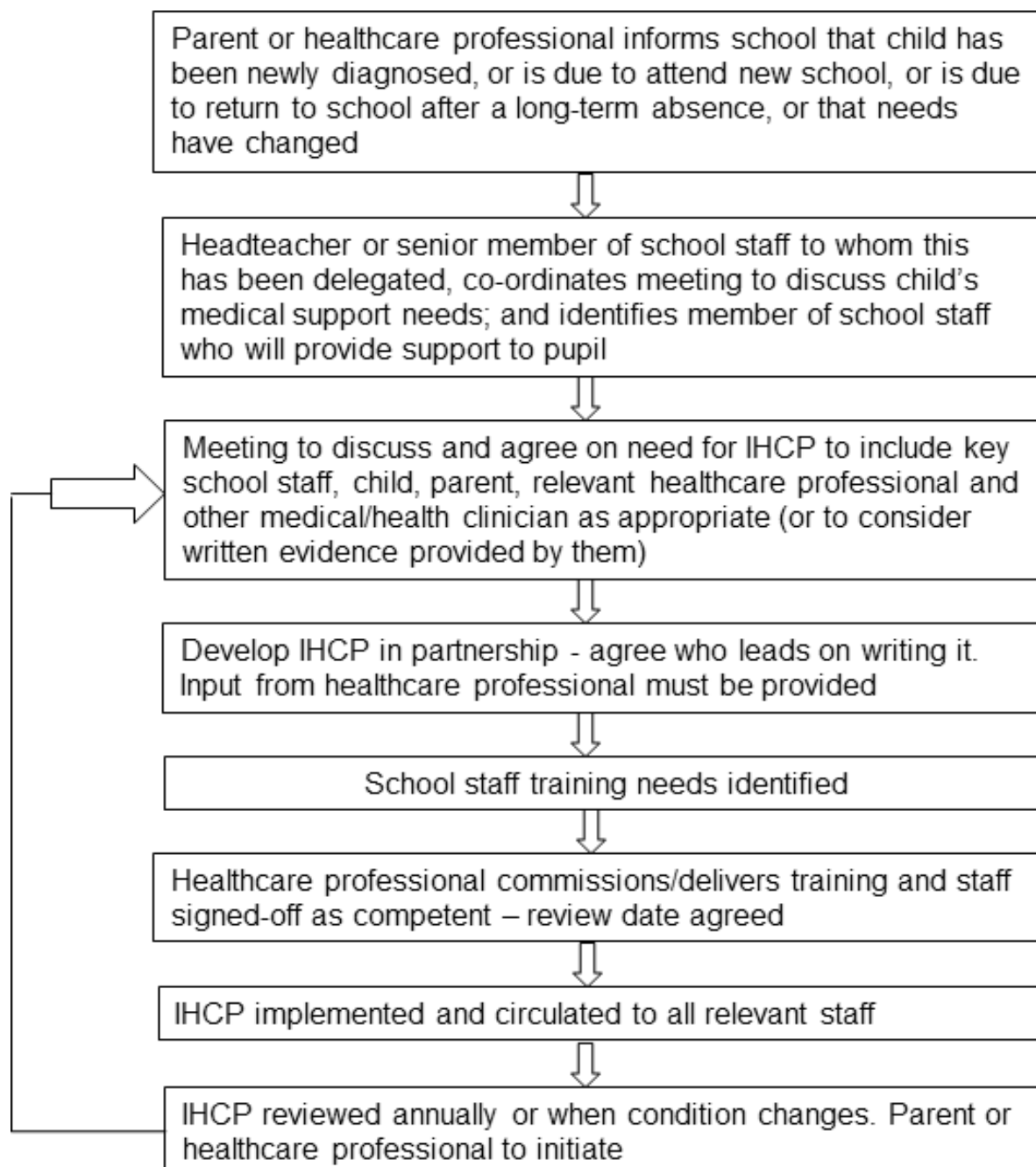
<p><b>Documentation</b></p>	<p>Education and Community setting records, medical reports.</p> <p>Health Action Plan is agreed between school and parents and child/young person with medical input where required.</p>	<p>Individual Health Care Plan (IHCP)</p> <p>Educational and Community setting records</p> <p>Medical Reports</p> <p>IHCP developed and signed off by a relevant medical / health care professional. Parents and the child/young person should be fully involved throughout the process.</p>	<p>Individual Health Care Plan (IHCP)</p> <p>Educational and Community setting records</p> <p>Medical Reports</p> <p>Individual Health Care Plan has to be drawn up and signed off by a relevant medical/health care professional. Parents and the child/young person should be involved throughout the process.</p>
<p><b>Responsibilities</b></p>	<p>Education and Community setting staff are able to fully support child or young person.</p> <p>Relevant medical / healthcare professional to provide advice and support.</p>	<p>Education and Community setting staff able to fully support child or young person but only with relevant medical / healthcare professional's advice, training and support. The relevant medical professional will participate in regular reviews as outlined in the Individual Health Care Plan (IHCP).</p>	<p>Suitably qualified Healthcare professional</p>
<p><b>Funding Implications</b></p>	<p>LA Education – all needs are met within universally available resources.</p> <p>NHS Health – all needs are met within commissioned services.</p>	<p>LA Education - In the vast majority of cases needs should be met within the delegated resources. Educational settings will be expected to provide reasonable adjustments, equipment or support as detailed in the IHCP up to the value of £6K.</p>	<p>NHS Health – support fully provided by health commissioned service.</p>

		<p>If support outlined in the IHCP is above this, then the setting should follow the LA process for applying for 'Top Up' funding.</p> <p>NHS Health - Relevant health professional will provide advice, support and training to ensure that setting staff are competent to carry out health care tasks (sign off of competency should be recorded). Additional or update training provided as required.</p> <p>IHCP will be reviewed and signed off by the relevant health professional.</p> <p>In certain situations, specialist equipment will be provided.</p> <p>In a few, highly complex cases the ICB may consider a funding contribution or jointly funded package. which doesn't result in a duplication of provision or funding</p>	
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## APPENDIX B

### Process for developing Individual Healthcare Plans (IHCPs)



## APPENDIX C – Ordinarily available support and access to Top Up Funding

### **Ordinarily available support in Education and Community settings:**

Most children and young people with medical needs will be supported within existing resources at education and community settings; this applies to all children and young people requiring health and care interventions described in Level 1 ([Appendix A](#)) and the majority of tasks described in Level 2.

This support will include

- Reasonable adjustments which should be considered as part of the risk assessment process
- Resources available through accessibility and strategy plans
- Auxiliary Aids
- If necessary, provision of additional staff would be funded through the delegated funding made available to education settings and sometimes referred to as 'SEN support' which usually equates to £6K which would normally provide up to 15 hours of support a week.
- Information, support, advice, and guidance provided by healthcare professionals.

### **Access to top up funding:**

In some circumstances, due to the complexity, severity or unpredictability of the health needs, the child or young person may require support beyond what would be normally expected for the educational setting to provide. The assessment of such needs and necessary support must be supported by up-to-date individual health care plan and relevant medical reports.

**Top up funding on medical grounds is not linked to the Education, Health and Care Plan (EHCP) process. This is because some children may have medical conditions but no special educational needs.**

Top up funding is allocated by the Local Authority and is usually reviewed every 6 to 12 months. This is in addition to funds and resources already available to settings. In line with the guiding principle of promoting independence and safe access to educational and community settings, reasonable adjustments, use of equipment or other auxiliary aids will always be considered first.

Each case will be considered individually.

### **For example:**

A child or young person with well managed diabetes who requires monitoring whilst attending an education setting should be able to be supported by the setting without the need for any additional top up funding.

However, a young child with poorly controlled diabetes, in need of frequent monitoring and interventions throughout the day may require additional top up funding to ensure adequate support is available.

The same scenario with an older child or young person might result in them being able to monitor their blood sugar levels independently and setting staff would be able to meet the needs through ordinarily available provision.

### APPENDIX D – Example of a Health Action plan

This form should be used to record support for children with medical needs described as Level 1

Name of school/setting	
Name of child	
Date of birth	
Group/class	
Medical condition or illness	

**Medicine or support required**

Name/type of medicine	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Child/young person's views (e.g. what helps?)	
Self-administration – y/n	
Procedures to take in an emergency	
Other support required (pls specify)	
Review arrangements	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details Parent/Carer**

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 (parent/carers) ----- Date -----

Signature (on behalf of the educational setting) ----- Date -----

## APPENDIX D – Example of an Individual Health Care Plan

This form should be used to record support for children with medical needs described as Level 2 and 3

Name of school/setting	
Child's name	
Group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of the IHCP	
Next Review date	

### Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	

### Lead health care professional Contact

Name	
Phone no.	

### G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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**Describe medical needs** and give details of child's symptoms, triggers, signs, impact on schools day.

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**Describe recommended treatments** including facilities, equipment, environmental issues, medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Arrangements for school visits/trips/off site activities

Child/young person views (e.g. what helps, how do they feel about the treatment plan)

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*)

**Staff training** needed/undertaken – who, what, when

Staff name	Training undertaken and signed off (pls provide data)	Review arrangements (pls specify any future training needs, reviews of competencies)

Signature (parent/carer) ----- Date -----

Signature (on behalf of the educational setting) ----- Date -----

Signature (healthcare professional) to sign off the health care plan -----

Signature (healthcare professional) to sign off competency of educational staff member (s)

----- date -----

## APPENDIX E – Example of Top up Funding Application Form

### Children or young people with Medical Needs Request to Access Top Up Funding

Attach documentation as detailed below:	Please select
Evidence of the level of need; this should include information about diagnosis, medical condition, severity and impact on school day. (copies of up to date assessments and reports must be attached)	<input type="checkbox"/>
Evidence of what support is already provided by school. This could include reasonable adjustments, equipment or additional staffing. Any support must be supported by relevant medical advice (copies of up to date reports must be attached)	<input type="checkbox"/>
Copy of the Individual Health Care Plan, signed and dated.	<input type="checkbox"/>

Please note, applications will **only** be considered if the relevant information is included.

<b>Pupil's Name:</b>			
<b>Date of Birth:</b>		<b>Year Group:</b>	
<b>Name of school/setting:</b>			

**Medical needs:**

Areas of concern – please describe the medical need, severity and impact on school day	Assessed by:	Date:

**Support already provided:**

Details of adjustment, resources, strategies, medication and auxiliary aids	Impact

**Additional support required:**

Type of support	As recommended by: the relevant reports and Individual Health Care Plan must be included

Signed:  
(Headteacher)

Date

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