**Appendix 2 (e)**

**BESPOKE INDIVIDUAL HEALTHCARE PLAN TEMPLATE**

**PROCEDURES**

**Schools MUST ensure that the following 5 points are implemented:**

1. School Handbook informs parents of their responsibility to ensure that all relevant information pertaining to their child’s health needs, including any changes to their condition or medication, is provided to the school.
2. For pupils who have long-term/complex/multiple healthcare conditions the following is carried out:

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| (i) | Completion of ‘*Bespoke Individual Healthcare Plan’* |  |
| (ii) | Completion of relevant individualised *‘Symptom and Action Flowchart(s)’* (see Appendices 2 (a) to 2 (d) (ix) and Appendix 3) |  |
| (iii) | A supply of the appropriate in-date medication is given to the school by the parent in the original packaging/container in which it was purchased/ dispensed including any patient information leaflet, and is clearly labelled with the pupil’s name in full and the dose to be given |  |

1. If medication is required in school a copy of the prescription or the prescription re-order form detailing the medication and dosage must be attached to this plan.
2. Individual Healthcare Plans are reviewed at least annually and/or if there is a change of condition. N.B: Care Inspectorate advice is that in Early Learning and Childcare settings it is good practice to review all agreed medical intervention at least every three months to check that the medication is still required, is in date and that the dose has not changed.
3. On completion of IHPs and following reviews, copies should be given to parents.
4. Medication (where required) is accessible and stored securely.

**Schools MUST ensure that consideration is also given to:**

* **The School Curriculum**

Reasonable adjustments should be considered with regard to a pupil’s healthcare needs and the classes/activities to be undertaken.

* **General School Arrangements**

The class register should be clearly marked to indicate pupils with IHPs so that when a supply teacher takes a class she/he is aware of any pupils with IHPs in that class.

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| **Pupil’s name:** |  |  |  |
| **Date of birth:** |  |  |
| **CHI (if known):** |  |  |
| **Address:** |  |  |
| **School:** |  |  | Insert photograph of pupil |

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| This Individual Healthcare Plan should be completed by the pupil’s parent.   * If medication is required in school a copy of the prescription or the prescription re-order form detailing the medication and dosage must be attached to this plan.   Once completed, the parent is responsible for taking a copy of this Individual Healthcare Plan to all relevant hospital appointments for updating.  Please read the Privacy Notice available at:  <https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000> |

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| **Parent Contact 1** | | | | **Parent Contact 2** | | | | |
| **Name:** |  | | | **Name:** | |  | | |
| **Relationship to pupil:** | | |  | **Relationship to pupil:** | | | |  |
| **Address:** | |  | | **Address:** | | |  | |
| 🕾 **Home:** | |  | | 🕾 **Home:** | | |  | |
| 🕾 **Work:** | |  | | 🕾 **Work:** | | |  | |
| 🕾 **Mobile:** | |  | | 🕾 **Mobile:** | | |  | |
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| **Hospital/Clinic Contact(s)** | | | | **General Practitioner(s)** | | | | |
| **Name:** | |  | | **Name:** | | |  | |
| **Job title:** | |  | | **Job title:** | | |  | |
| **Address:** | |  | | **Address:** | | |  | |
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| **Other Contact(s)** | | | | | **Other Contact(s)** | | | |
| **Name:** | |  | | | **Name:** | |  | |
| **Job title:** | |  | | | **Job title:** | |  | |
| **Address:** | |  | | | **Address:** | |  | |
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**Details of Medical Condition/Healthcare Need:**

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**Help required in school:**

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**Details of medication required in school:**

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| **Medication** | **Dose** | **Comment** |
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| **Date requested medication/healthcare in school stops:** |  |
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| **Emergency Procedures:** | |
| * In the event of an emergency where these procedures cannot be implemented at any time the school will follow advice received from the health professionals in summoning the emergency services as appropriate. | |

**Agreement to Bespoke Individual Healthcare Plan**

**NHS Confirmation:**

**(If, on completion of risk assessment, Head Teacher determines that this is required):**

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| **Name of approving healthcare professional:** | | |  | | |
| **Job Title:** | |  | | | |
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| **Signature:** | | | | **Date:** |  |

(A letter detailing medication/care, dated and signed by the approving healthcare professional can be attached to this Individual Healthcare Plan and be accepted as the approving signature.)

**Parent:**

* I have read the [Privacy Notice](https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000).
* I request that the school contacts the healthcare professional(s) named on this form if required, and for those professionals to advise the school in any relevant matters in connection with my child’s healthcare as they relate to this form.
* I accept responsibility for keeping the school informed of anything that might be relevant in relation to the implementation of this care.
* I accept responsibility for ensuring that there are supplies of any relevant in-date medication, materials or equipment for my child’s needs in the original packaging/container in which it was purchased/dispensed including any patient information leaflet, clearly labelled with my child’s name in full and the dose to be given.
* I will collect all unused medication from the school at the end of the summer term.
* I accept that the school will dispose of any unused medication that remains uncollected at the end of the summer term.

I wish my child to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate.

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| **Name of parent:** | |  | | |
| **Signature:** |  | | **Date:** |  |

**Pupil – aged 12 years or over (if appropriate):**

* I agree to the requested healthcare arrangements detailed in this plan.
* I have read and understood the [Privacy Notice](https://www.westlothian.gov.uk/media/45140/Privacy-Notice/pdf/ASN_Privacy_Notice_14092020_.pdf?m=637357012009700000).

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| **Signature:** |  | **Date:** |  |

**School’s Agreement to Facilitate the Use of Medication/Healthcare**

**The Head Teacher/Designated Person:**

* I agree to the procedures detailed in this plan being administered in school.
* If the request contained within this form includes the giving of medication then this pupil will be given their medication by a member of staff.
* The healthcare/medication will be administered by staff who have knowledge and understanding of the appropriate healthcare and interventions.
* In the event of an emergency, the emergency services will be summoned and the school will follow advice received from the health professionals.

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| **Name of Head Teacher/designated person:** | |  | | |
| **Job Title:** |  | | | |
| **Signature:** |  | | **Date:** |  |

**Staff administering the healthcare to the pupil:**

* I have read this pupil’s Individual Healthcare Plan.
* I have knowledge of and understand the healthcare and medication requirements detailed in this plan.
* I agree to administer the healthcare and medication to this pupil as detailed in this Plan.

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| **Staff Member** | **Job Title** | **Date** | **Signature** |
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**N.B. On completion of the above, copies should be given to parent.**

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| **Pupil’s name:** |  | **Date of birth:** |  | **School:** |  |

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| **Review agreement of parent and pupil aged 12 years or over (if appropriate)** | | | | | | **Review agreement of Head Teacher/school** | |
| * I can confirm that the existing Individual Healthcare Plan continues to reflect the current needs of my child/this pupil, and propose that a further review is undertaken in line with the next review date which I have detailed below\*. * I will inform the school if my child’s/this pupil’s needs change prior to the next review date, and will arrange with the school for a replacement Individual Healthcare Plan to be completed. * I request that the school contacts the named healthcare professional(s) and for those professionals to advise the school in any relevant matters in connection with this Individual Healthcare Plan. * I accept responsibility for keeping the school informed of anything that might be relevant in relation to the implementation of this care. * I accept responsibility for ensuring that there are supplies of any relevant in-date medication, materials or equipment for my child’s needs in the original packaging/container in which it was purchased/dispensed including any patient information leaflet, clearly labelled with my child’s name in full and the dose to be given. * I will collect all unused medication from the school at the end of the summer term. * I accept that the school will destroy any unused medication that remains uncollected at the end of the summer term. * I wish my child/this pupil to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate. | | | | | | * I agree to the procedures detailed in this plan being administered in school. * The medication will be administered by staff who have the knowledge and understanding of the appropriate healthcare and interventions. * In the event of an emergency, the emergency services will be summoned and the school will follow advice received from the health professionals. | |
| **Date review undertaken** | **Method**  **(F) Face to Face**  **(P) Post**  **(T) Telephone** | **Name of parent reviewing**  **(BLOCK LETTERS)** | **Parent’s signature**  **(if review conducted face to face or by post)** | **Pupil’s signature (if appropriate)** | **\*Next proposed review date** | **Name of staff member (BLOCK LETTERS)** | **Staff member’s signature** |
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**N.B. On completion of the above, copies should be given to parent.**