[OAT]
Ormiston Academies Trust
ACHIEVING MORE TOGETHER

Medical and Allergy- Individual Healthcare Plan

To be completed for each child who has a long term or complex medication and/or an Allergy

Please use the section 1 for those children who have a medical condition

Please use section 2 for those children who have an allergy

Please used both sections for those children who have a medical condition and an allergy

Section 1: Individual Health Care Plan – Medical Conditions

Name of child:		**Date of birth:**			
Insert child's photo		**Child's address:**			
Academy Name		**Year Group / Form**			
Date plan drawn up:		**Date to be reviewed** (annual as minimum)			

Contact information: ***Please complete with the details of <u>two</u> primary contacts for the child***

Name		
Email Address		
Postal Address		
Daytime number		

Evening number				
Relationship				
Medical contact information: ***Please complete with the details of medical contacts (where applicable)***				
Contact	**GP**	**Clinic / hospital contact**		
Name				
Address				
Phone number				
Medical condition / illness and resulting needs, including medication: ***Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.***				
Daily care requirements: ***i.e. sport / lunchtime / arrangements for academy trips etc.*** *Note down s*eparate 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. separate risk assessments if necessary				

Specific support and level of support required: ***For child's educational, social and emotional needs.***		
Who is responsible for providing support in the academy (and cover arrangements when they are unavailable): ***Who in the academy needs to be aware of the child's condition:***		
Emergency information: ***Describe what constitutes an emergency for the child, and action to be taken if this occurs.***		
Follow up care:		
Who is responsible in an emergency (and cover arrangements when they are unavailable): ***State if different on off-site activities.***		

Administration of Medication (to be completed for each child who has medication that needs to be administered during school on-site and off-site activities)	**Yes**	**No**	**N/A**
Written consent has been received from parents for child to self-administer during school hours			
Written consent received from parents for [*Member of Staff*] to administer medicine to [*name of child]* during school hours			
Written consent received from principal for child to self-administer during school hours			
Written consent received from principal for [*Member of Staff*] to administer medicine to [*name of child]* during school hours			
Other information: [e.g. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition. *Please add details of named person/s below*			

Staff training needed / undertaken:	**Yes**	**No**	**N/A**
All relevant staff included those staff named above have received **'Administering Medicines'** training			
All relevant staff included those staff named above have received **'Administering Controlled Drugs Medicines'** training (where applicable)			

Signatures

	Name	**Signature**	**Date**
Child (where appropriate)			
Parent/Carer			
Principal			
Medical Lead			
SENCO			
DSL			

<table>
<tr><th colspan="2">Section 2: – Individual Healthcare Plan for allergy (where applicable)</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td>Storage of Emergency medication location</td><td></td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
</table>

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

If symptoms include the following:

- Abdominal pains, cramps, nausea and vomiting
- Diarrhoea
- Difficulties swallowing
- Itching of the mouth, throat, eyes, skin or any other area
- Nasal congestion or a runny nose
- Shortness of breath and difficulties breathing
- Anaphylaxis (less common)

Treat as an emergency and request someone to fetch the KITT epi-pen box from one of the site locations. Deliver an epi-pen to the outer thigh area and maintain airway. Call emergency service '999' and advise 'anaphylaxis'. Call parent or next of kin to advise of situation. If symptoms have not improved after 10 minutes, deliver a further dose of adrenalin to opposite thigh, maintain observation and if need be, place patient in recovery position whilst waiting for emergency services to arrive.

Location of KITT's: HQ and Sports Centre

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy
Annex: Medication needed while in school / college / setting</th></tr>
<tr><td colspan="2">Non-prescription medication:
Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Prescription medication:
Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).
Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.
Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</td></tr>
<tr><td>Prescribed by:</td><td>Date:</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” adrenaline devices:
Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
<tr><td colspan="2">Use of “spare” salbutamol inhaler:
If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</td></tr>
<tr><td>Parental consent:</td><td>Date:</td></tr>
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NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: