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MIDDLESTOWN PRIMARY ACADEMY

MANAGING MEDICINES POLICY

A MEMBER OF Accord MULTI ACADEMY TRUST

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Name	Position	Signature	Date
A Lancashire	Chair of Trustees	A Lancashire	02 January 2026
A Warboys	A Warboys	A Warboys	02 January 2026

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1. Introduction

The Accord Multi Academy Trust and its academies are fully inclusive and support pupils with medical conditions. The Trust is fully committed to providing pupils with medical conditions the same opportunities as others and delegates this responsibility to the Academy in line with the statutory guidance 'Supporting pupils with medical conditions' December 2015 and 'Children and Families Act 2014'.

Every pupil with a medical condition who attends an Accord Academy will be supported to fully access education, educational trips and physical education enabling them to play a full and active role in Academy life and remain healthy. The Academy listens to parents and pupils, and this is reflected when considering organising structured and unstructured activities, extended Academy activities and residential trips to ensure everyone is involved and included. Should the medical condition lead to prolonged absence from the Academy, the Academy will work with the family and partnership agencies to arrange alternative provision to minimise the impact of the absence on the pupils' education.

We will help to ensure they can access all aspects of Academy provision and to support them being healthy, safe in order to make a positive contribution and to achieve success, whatever that may be.

We will ensure this by educating all staff about the medical conditions that affect pupils at the Academy and ensuring staff receive the appropriate training. Also, some pupils with medical conditions will have Individual Health Care Plans which will be devised with parents, pupils, healthcare professionals and the SENCo or designated person for the Academy.

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that all Academies have a Health and Safety Policy. This should include procedures for supporting pupils with medical needs, including managing and administering prescribed medication.

The Control of Substances Hazardous to Health (COSHH) Regulations requires that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance to those administering the medication and to those who may inadvertently be exposed to it.

The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

The Equality Act 2010 requires that the body responsible for an Academy must not discriminate against a disabled person. Any pupils with medical needs who are also disabled will be protected under this act.

Most pupils may need to take medication at some time whilst they are attending the Academy. This policy gives clear guidance and will be enhanced by an effective staff management system, which will support individual pupils with medical needs.

The Academy will ensure that this policy and procedures are in place, so that no person is placed at risk from the storage, administration and / or disposal of medication.

The Academy has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend the Academy with as little disruption as possible.

The Academy must have appropriate procedures to enable pupils attending the Academy, who require medication, to continue their education with as little disruption as possible.

Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the management and administration of prescribed medication, to a pupil.

1.1 Policy Aims

This policy aims to ensure that:

All parties are aware of their roles and responsibilities and are clear about the services that are expected of them when dealing with pupils with regard to managing and administering prescribed medications.

Pupils who have short or long-term medical needs or who require assistance with managing and administering prescribed medications will have the appropriate assistance, where required, when they are attending the Academy.

The approach is flexible, responsive and supportive to the medical needs of pupils, to ensure that they return to their educational studies as soon as possible following an illness or course of medication.

There is a good working partnership with pupils, parents/carers, staff and health professionals to ensure a duty of care.

2. Roles and Responsibilities

2.1 Academy Education Committee (AEC)

The AEC will ensure that the Academy has developed its policy to assist pupils with medical needs and that staff involved with administration of medication have had the appropriate training.

As a sub-committee of the Board of Trustees, the Academy Education Committee (AEC) must review the arrangements for staff training on essential medical issues in the Academy such as:

- Allergies
- Asthma
- Diabetes
- Epilepsy

The Academy Education Committee (AEC) recognise that there is a duty of care to all pupils and will do all that is reasonably practicable to safeguard and promote their welfare.

2.2 Principals

Principals are responsible for implementing the policy and procedures in their Academy and should ensure that all parents/carers are aware of the policy.

Where members of staff volunteer to assist, the Principal must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to members of staff who volunteer to be reserves to cover for absences.

An up to date record is to be held with all training information contained within.

Principals should ensure that a written Individual Health Care Plan for each pupil with specific medical needs is drawn up in conjunction with the parent/carer and/or General Practitioner (GP).

Where there is concern that pupil's needs may not be met by the Academy or the parent's/carer's expectations appear unreasonable, the Principal should seek further advice from the pupil's GP, and other medical advisers. Where there are attendance concerns due to health, the Principal will also seek support and advice from medical professionals/School Nursing Service.

Where the Principal wishes to share information with other staff within the Academy they should first seek permission from the pupil's parent/carer, or the pupil.

Parents/carers' culture and religious views should be respected, where possible, whilst observing with safeguarding responsibilities and medical advice.

2.3 Parents and Carers

The prime responsibility for a pupil's health rests with the parent/carer; they are responsible for making sure their child is well enough to attend the Academy.

Parents/carers are asked to complete a pupil medical form when a pupil starts at the Academy. This form identifies any medical needs that a pupil currently has, or health needs they have previously had that may affect them. With current medical conditions a parent/carer should provide the Academy with sufficient information about the pupil's medical needs. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Medical documentation/letters should be copied and sent into the Academy to support the process. Any medical appointments during Academy time should be followed with an appointment card or letter so the Academy can provide the correct response to support the young person.

Where a pupil has acquired an injury outside of Academy hours, this must be dealt with by parents/carers. The Academy are not in a position to diagnose or have the equipment to be able to make decisions on breaks, fractures or any internally diagnosed complaints/injuries.

If a pupil suffers a break or is incapacitated in any way (requires a sling or crutches) parent/carers must bring their child into Academy so that a risk assessment can be performed to assess if they are fit and able to attend the Academy with a full timetable or whether an adjustment needs to be made.

If a pupil is dealing with any social, emotional or mental health issues, the Academy are to be kept up to date with treatment so that they can act accordingly and support other health professionals.

If a pupil becomes unwell within the Academy they should be collected as soon as possible. It is vital to have a minimum of two relevant home and emergency contact telephone numbers held on file; it is the parent/carers responsibility to provide the Academy with updated information as necessary.

2.4 Academy Staff

A teacher or other member of staff in the Academy, who look after pupils in place of the parent (in loco parentis), must treat and take care of the pupil as a "careful parent" would.

If a request is made in relation to a pupil's medical needs, then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Each request should be considered on individual merit and Academy staff have the right to refuse to be involved. It is important that Academy staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

A member of staff who has a pupil with medical needs in his/her class should understand the nature of the condition, and when and where that pupil may require additional attention. For pupils with unique or unusual conditions training with be in small groups of staff who are there regularly to support that individual.

The training logs are kept for both insurance and audit purposes.

3. Application of Policy in the Two-Year-Old Provision

The Accord Multi Academy Trust's policy for Supporting Pupils with Medical Conditions is fully inclusive of all children within the academy, including those attending the two-year-old provision. The principles, aims, and responsibilities outlined in sections 1.0, 1.1, and 2.0 apply equally to our youngest learners, adapted to meet their specific developmental needs and the EYFS safeguarding requirements.

Key Considerations for Two-Year-Olds:

- **Individual Health Care Plans (IHCPs):** The process of developing IHCPs (as mentioned in Section 1.0) is robustly applied in the two-year-old provision. These plans are crucial for this age group, where children may be less able to articulate their symptoms or needs. Plans are devised collaboratively with parents/carers, the EYFS Leader, and relevant health professionals (e.g., Health Visitors, Paediatricians, Allergy Nurses).

- **Parental Communication:** Due to the age of the children, communication with parents/carers (Section 2.3) is enhanced. We require parents to provide comprehensive medical forms upon entry and to inform us immediately of any changes to their child's health or new injuries.

- **Administration of Medication:** The guidelines on managing and administering prescribed medication are strictly adhered to. Staff working in the two-year-old provision who volunteer to administer medication receive specific, sufficient, and ongoing training (Section 2.2).

- **Safeguarding and Duty of Care:** The duty of care (Section 2.1) and safeguarding responsibilities are paramount. Staff are highly vigilant for signs of illness or injury, as two-year-olds cannot always communicate their discomfort effectively.

- **Risk Assessments:** Risk assessments for physical incapacitation (Section 2.3) or allergic reactions are conducted promptly.

- **Legal Frameworks:** While children in the two-year-old provision are below compulsory school age, the legal frameworks underpinning this policy—specifically the **Equality Act**

2010 (protecting against disability discrimination), the **Children's Act 1989** (safeguarding welfare), and **Health & Safety at Work Act 1974**—fully apply to the provision of care within the academy setting.

The academy ensures that every two-year-old with a medical condition is supported to participate fully and safely in all EYFS activities, fostering a healthy start to their educational journey.

4. Administering Medicines

No child under the age of 16 should be given medicines containing aspirin or ibuprofen unless it has been prescribed by a doctor and a written consent form has been signed by their parent/carer.

A consent form enabling a member of Academy staff to administer prescribed medication to a child must be completed by a parent in all cases. No prescribed medication will be given under any circumstances without this form being completed.

The Academy will keep an individual pupil register of drugs for all medicines brought into the Academy by a parent/carer for administration to a pupil during the Academy day. The register will be signed by a member of staff and also the pupil (secondary academies only) when medication has been administered and in the case of controlled drugs, two staff signatures will be required.

4.1 Non-prescription medication

Academy staff will not give medication to a child unless it has been prescribed by a Doctor, Dentist or Nurse Practitioner and a request for the Academy to administer medication form has been completed.
Where a child becomes unwell during the academy day, and it would be detrimental to their health or school attendance not to administer pain relief (Calpol or equivalent), academy staff should contact the parent/carer to discuss administering a dose. Where verbal consent is obtained from the parent the academy must then gain written consent in the form of an email from the parent before administering any medication. Short term medical needs

Medicines should only be taken into an Academy when essential; e.g. where it would be detrimental to a pupil's health if the medicine was not administered during the Academic day. It is recognised that it may be necessary at times for a pupil to take medication to minimise absence. Where this happens, it is advised that the parent/carer request that the prescription is such that the pupil does not need to take any medication whilst in the Academy e.g. a dose frequency of three times per day rather than four times per day.

Where medicines must be administered during the day they must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a pupil's medication, where appropriate and practicable: one for home and one for use in the Academy.

4.2 Self-management

Pupils are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. The ages that pupils are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever be mature enough to take medical responsibility for themselves whilst in the Academy. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility. Where pupils are prescribed controlled drugs staff will need to be aware that these are to be kept in safe custody. Pupils should be able to access these for self-medication, if it is agreed that it is appropriate. Self-medication does not mean that a pupil carries their medication with them. Self-medication means that a pupil can take the medication without adult support (given via spoon or injected) furthermore the medication will continue to be taken in the presence of an adult/first aider.

4.3 Long term medical needs and Individual Health Care Plans

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend Academy. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at Academy to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents/carers communicate with the Academy so that effective support can be put in place. This will require establishing relationships with relevant local health services to help them.

The Academy recognises that there are also social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may think they could be bullied or develop emotional disorders such as anxiety or depression around their medical condition. With long-term absences due to health problems, progress may be affected. Reintegration back into Academy should be properly supported so that children with medical conditions fully engage with learning and do not

fall behind when they are unable to attend. There are support mechanisms in the Academy to help pupils reintegrate back into a full-time education. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational progress and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the Academy must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. See Special Education Needs and Disability Policy.

Where a pupil does have ongoing and complex medical needs and a Health Care Plan is essential to manage their needs, the Health Care Plan should be completed by parents/carers, designated Academy staff who have volunteered and the relevant member of Academy staff.

4.4 Controlled Drugs

When Controlled Drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on Academy premises, a written stock record is also required, this should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. These drugs should be kept in a locked cabinet within a room with restricted access.

4.5 Pupil Privacy

Where invasive or intimate treatments are required then the person carrying out such a treatment should be of the same gender as the pupil receiving the treatment, unless agreed otherwise and with parental consent. One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise.

Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Principal and parents/carers must respect the staff's wishes not to do so.

4.6 Refusing Medicines

When a child refuses their medication, the parent/carer should be informed the same day and appropriate records made on the register. Staff cannot force a child to take any medication.

5. Storage

Prescribed medications kept in the Academy are stored in the first aid room unless:

- The Academy has an identified room with a different designation
- otherwise stated on an individual's Health Care plan
- a pupil self manages their medication such as diabetes, allergy relief such as epi-pens or asthma
- emergency medication is located in prime locations around the Academy site

Medications are stored securely and are labelled accordingly. When items need to be available for emergency use, e.g. asthma inhalers and @Epipens, they can be accessed via the labelled areas in the first aid room or emergency support can be given in the case of asthma attacks and hypos.

6. Disposal of Medicine

Parents/carers are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the Academy at the end of each term.

Liquid medication will only be stored on site for 6 months from the date of prescription or the date of opening (if opened in the Academy).

6.1 Disposal of sharps

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the local Environmental Waste Disposal Unit.

7. Educational Visits and Sporting Activities

Pupils with medical needs should be encouraged to participate in Academy extra-curricular activities and visits as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk. The Academy may take additional measures for outside visits for pupils with medical needs. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets;
- copies of the pupil individual Health Care Plans in the event of an emergency referral;

- enhanced risk assessments based on the needs of the pupil.

When planning visits and extra-curricular activities which will include a pupil with medical needs, all staff supervising the visit should be made aware of any additional requirements that the pupil may need and any emergency procedures that may be required (unless the parent/carer does not give their prior consent to do this).

This is to be covered in the Academy Risk Assessment and can also be in a person specific Risk Assessment where necessary. The location to be visited should be made aware that pupil(s) with medical needs are included in the party, if this is practicable and if the parents have consented. If a pupil's medical condition could be aggravated by the location being visited, they should not be permitted to go. If there is any doubt regarding the activity the Academy should discuss the activity with the parent/carer and also, if necessary, seek medical advice.

Some pupils will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards. Any members of staff supervising pupils involved in physical education and sporting activities must be aware of the relevant medical conditions and emergency procedures for any pupil with a medical condition who is participating in the lesson or activity. For extra-curricular activity or after hour physical education lessons, where a pupil with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

It is important to note that it is the parent/carers responsibility to ensure that their child has the relevant medication for a trip. If a pupil does not have the correct medication, they will be refused to attend.

8. Exams

Asthma inhalers can be taken into an exam, but they must have no writing on them - any labels need to be checked by an exam invigilator on entry to the exam.

For pupils with diabetes, they should take a blood testing kit with them, a bottle of water, insulin and either dextrose tablets etc. All should have their labels removed and be placed on the desk they are working on (some pupils prefer to it to be left on the front desk). Pupils should be allowed toilet breaks (under exam conditions). Medication can have a label on but needs to be checked by an exam invigilator on entry to the exam.

Epipens© should be taken into the exam by the pupil and left on the desk. Any labels are to be checked by the exam invigilator on entry to the exam.

9. Automated External Defibrillators (AEDs)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

The Secondary Academy AEDs are located at the Horbury Academy in the ground floor medical room, and the Parker Road Playing Fields, and Ossett Academy at main reception.

Appendix A

Guidelines for the administration of EpiPen © by Academy Staff

An Epipen© is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan.

An Epipen© can only be administered by Academy staff that have volunteered and have been designated as appropriate by the Principal. Training of designated staff will be provided and a record of training undertaken will be kept. Training will be updated as necessary.

1. There should be a Healthcare Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with the parent/carer, Academy staff and relevant healthcare professional.
2. Ensure that the Epipen© is in date. The Epipen© should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen© should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen© can be carried on their person, however this must be risk assessed.
4. Expiry dates and discoloration of contents should be checked by the first aider termly. The Epipen© should be replaced by the parent/carer.
5. The use of the Epipen© must be recorded on the child's Healthcare Plan, with time, date and full signature of the person who administered the Epipen©.
6. Once the Epipen© is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen©. The used Epipen© must be given to the ambulance personnel. It is the parent/carers responsibility to renew the Epipen© before the child returns to Academy.
7. If the child leaves the Academy site e.g. trips, the Epipen© must be readily available or pupils will not be able to attend.

Appendix B

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects.

1. If Academy staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency. However, each pupil should be risk assessed.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small academies; inhalers may be kept in the Academy office.
3. Parent/carers should supply a spare inhaler for children who carry their own inhalers. This could be stored safely at the Academy in case the original inhaler is accidentally left at home or the child loses it whilst at the Academy. This inhaler must have an expiry date beyond the end of the academic year.
4. All inhalers should be labelled with the child's name.
5. Educational Visits – A child needs an inhaler with them otherwise the Academy has a right to refuse travel.
6. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
7. Academy staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
8. Parent/carers are responsible for renewing out of date and empty inhalers.
9. Pupils are required to inform the first aider when they have administered their inhaler. Parent/carers will be informed if a child is using the inhaler excessively.
10. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
11. If pupils are going on offsite visits, inhalers MUST still be accessible.
12. It is good practice for Academy staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carers for disposal.
13. Asthma can be triggered by substances found in Academy e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

There are emergency asthma kits stored at key points around the Academy for use in an emergency:

Locations:

Middlestown Primary Academy – Reception

The Academy follows the DfE guidance on Asthma in Academy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_Academys.pdf

Appendix C

Guidelines for managing Hypoglycaemia (Hypo's or Low Blood Sugar) in pupils who have Type 1 Diabetes

Type 1 diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children, the condition is controlled by insulin injections and diet. All teaching staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

To prevent "hypo's"

1. There should be a Care Plan provided by the diabetes nursing specialist. Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra-curricular activities at lunchtimes or detention sessions. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent/carers(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech (Blood Sugar levels below 4 mmols).
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, by the first aider.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with the Care Plan.

Glucogen may be administered if parental consent is in place. This will be stored in a fridge with restricted access. If Glucogel has been provided the Consent Form should be available. Glucogel is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Glucogel must be recorded on the child's Care Plan with time, date and full signature of th;e person who administered it. It is the parent's responsibility to renew the Glucogel when it has been used. **DO NOT USE GLUCOGEL IF THE CHILD IS UNCONSCIOUS.**

There are emergency glucogel kits stored at key points around the Academy for use in an emergency:

Locations:

Middlestown Primary Academy – Reception

Appendix D

Guidelines for managing Cancer

Children and young people with cancer aged 0–18 are treated in a specialist treatment centre. Often these are many miles from where they live, though they may receive some care closer to home. When a child or young person is diagnosed with cancer, their medical team puts together an individual treatment plan that takes into account:

- the type of cancer they have;
- it's stage (such as how big the tumour is or how far it has spread);
- their general health.

The three main ways to treat cancer are:

- chemotherapy;
- surgery;
- radiotherapy.

A treatment plan may include just one of these treatments, or a combination. Children and young people may be in hospital for long periods of time, or they may have short stays and be out of hospital quite a bit.

It depends on the type of cancer, their treatment and how their body reacts to treatment.

Some can attend Academy while treatment continues. When cancer is under control, or in remission, children and young people usually feel well and rarely show signs of being unwell. If cancer comes back after a period of remission, this is known as relapse.

Treatment for cancer can also have an emotional and psychological impact. Children and young people may find it more difficult to cope with learning, returning to Academy and relationships with other pupils. They may have spent more time in adult company, having more adult-like conversations than is usual, gaining new life experiences and maturing beyond their peers.

Treatment for cancer can last a short or a long time (typically anything from six months to three years), so a child or young person may have periods out of Academy, some planned (for treatment) others unplanned (for example, due to acquired infections).

When they return to Academy, a pupil may have physical differences due to treatment side effects. These can include:

- hair loss;
- weight gain/loss;
- increased tiredness.

There may also be longer term effects such as being less able to grasp concepts and retain ideas, or they may be coping with the effects of surgery.

Falling behind with work

Children and young people with cancer can worry that they have slipped behind their peers, especially older children doing exam courses. Young children may also worry more than they want to say. The Academy, and the child or young person's parents, should be able to reassure them and if necessary arrange extra teaching or support in class.

Teachers may need to adjust their expectations of academic performance because of the child or young person's gaps in knowledge, reduced energy, confidence or changes in ability.

Staff may need to explicitly teach the pupil strategies to help with concentration and memory, and the pupil may initially need longer to process new concepts.

Wherever possible the child should be enabled to stay in the same ability sets as before, unless they specifically want to change groups.
Regularly revise the pupils' timetable and Academy day as necessary.

Physical activity

Make arrangements for the child or young person to move around the Academy easily e.g. allow them to leave lessons five minutes early to avoid the rush. Arrange for the pupil to have a buddy to carry their bags and for them to have access to lifts.

Some pupils may not want to be left out during PE despite tiredness or other physical limitations. Include the pupil as far as possible e.g. allow them to take part for 20 minutes rather than the full session, or find other ways for them to participate e.g. as referee or scorer. Their family will be aware if there are specific restrictions on them doing PE due to medical devices or vulnerability.

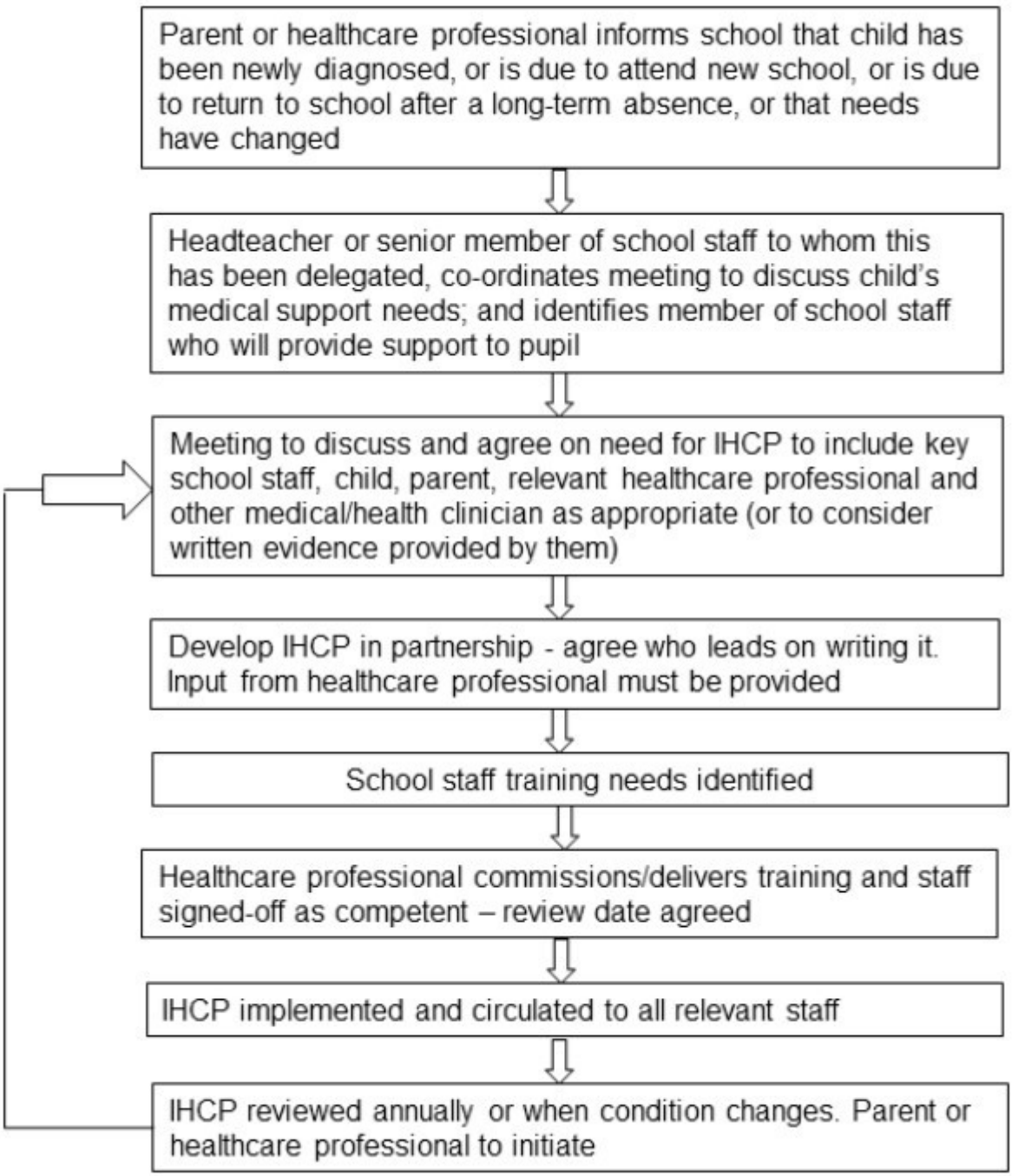
Briefing staff

Ensure that all staff, including lunchtime supervisors have been briefed on key information.

If staff are concerned about the pupil, it is important that they phone the parents/carers to discuss the significance of signs or symptoms. Parents/carers can collect the child and seek further medical advice if necessary.

It would be rare for there to be an acute emergency, but if this occurs (as with any child) call a 999 ambulance, and ensure that the crew are aware that the child or young person is on, or has recently finished cancer treatment.

Circulate letters about infection risks when requested by the child's family or health professionals
Inform other Academy staff about long-term effects, such as fatigue, difficulty with memory or physical changes.

APPENDIX E

Outline of the Individual Health Care Plan (IHCP) Process