Supporting Young People with Medical Conditions

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Supporting Young People with Medical Conditions Policy

DEC 2025

Review Date: DEC 2026 Contents

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1. Purpose

Many young people supported by Nudge Education have medical conditions that require thoughtful planning, reasonable adjustments and clear communication. Although Nudge is not a school, we align our approach with the expectations found in the DfE statutory guidance Supporting Pupils with Medical Conditions to ensure young people remain safe, included and emotionally supported.

This policy sets out how Nudge identifies, assesses and supports medical conditions within our relational, trauma-informed model. It should be read alongside:

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- Administration of Medication Policy for procedural guidance on medicines, recording, storage and emergency administration.
- Safeguarding and Child Protection Policy, Health & Safety Policy, and other relevant policies listed at the end of this policy document.

2. Scope

This policy applies to:

- All young people engaged in a Nudge intervention
- All staff, including practitioners, Regional Leads (RLs). Assistant Regional Leads (ARLs), and Education Intervention Coordinators (EICs)
- All environments in which Nudge delivers sessions: homes, community spaces, online or transitional settings

It covers:

- Long-term conditions
- Short-term conditions requiring temporary support
- Emergency conditions such as asthma attacks, seizures and anaphylaxis
- Development and review of Individual Health Plans
- Reasonable adjustments to ensure safe access and participation

3. Definitions

Medical condition: A health need which may require monitoring, emergency response, adjustments, medication, or care planning during Nudge activity.

Individual Health Plan (IHP): A personalised plan outlining a young person's medical needs, emergency procedures and expectations for staff.

Emergency medicines: Medicines prescribed for urgent use under specific circumstances (e.g., rescue inhaler, buccal midazolam, adrenaline auto-injectors such as EpiPen).

NUDGE EDUCATION 2025 3 Anaphylaxis: A severe, potentially life-threatening allergic reaction requiring immediate treatment (see Section 12).

4. Principles

4.1 Trauma-informed and relational practice

Nudge responds with curiosity, compassion and attunement, recognising that medical experiences may intersect with trauma, fear, autonomy and emotional safety.

4.2 Dignity and privacy

Young people have a right to dignity, choice and age-appropriate explanation regarding their health.

4.3 Safe, competent and authorised practice

Staff only undertake tasks they are:

- trained for
- assessed as competent

- explicitly authorised to perform

All procedural steps relating to medicine are governed by the Administration of Medication Policy.

4.4 Partnership working

Families, clinicians, schools, social care and commissioners work collaboratively with the Education Intervention Coordinators (EIC), Assistant Regional Leads (ARL), and our Complex Needs Advisor to create clear, safe and person-centred approaches.

4.5 Special Educational Needs and Disabilities

Our approach recognises that medical needs may overlap with SEND, and planning must reflect the SEND Code of Practice and Nudge's SEND Policy where relevant.

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5. Identifying Medical Needs

Medical information is gathered through:

- Referral documentation
- Pen Portrait
- Initial Assessment discussions with parents/carers
- Age/stage-appropriate discussion with the young person
- Information from professionals (school, social care, health)

Where risk is high, or medical needs may impact safety, an Individual Health Plan must be created before the first session or as soon as possible thereafter.

Practitioners must immediately share any emergent or undeclared medical information with the Education Intervention Coordinator (EIC).

6. Individual Health Plans (IHPs)

An Individual Health Plan is required where a young person:

- Has a long-term condition

- Requires medication during sessions
- Has an emergency condition (e.g., asthma, epilepsy, anaphylaxis)
- Requires personalised risk management strategies

If an IHCP is not available then all the above must be detailed in a Risk assessment.

Where a young person's medical condition intersects with special educational needs (SEND), the Individual Health Plan must be aligned with the strategies, adjustments or outcomes identified in their Pen Portrait or Education Health Care Plan, in line with the SEND Policy and the SEND Code of Practice (2015).

Individual Health Plans (IHPs)/ Risk assessments must include:

- Description of condition, triggers and symptoms
- Day-to-day management expectations
- Emergency procedures and escalation

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- Medication requirements (linked to Medication Policy)
- Roles and responsibilities
- Communication plan
- Review date (minimum. annual)
- Any training required for staff

Responsibility

- Education Intervention Coordinators (EICs): Lead the review, coordination and communication of Individual Health Plans and associated medical information, ensuring all relevant parties are informed and plans remain current.
- Assistant Regional Leads (ARLs): Ensures practitioners understand and implement the Individual Health Plans, Risk Assessments and provides quality assurance
- Regional Leads: Provides oversight and support where necessary
- Complex Needs Advisor: Support the core team and practitioners to ensure all reasonable steps are taken to maintain the safety and wellbeing of both young people and staff throughout the intervention.
- Practitioners: Follow Individual Health Plans, update risk assessments as necessary, and escalate concerns promptly

7. Supporting Young People in Sessions

Some young people's medical needs may also constitute or contribute to special educational needs. In such cases, reasonable adjustments should be planned in conjunction with the SEND Policy to ensure a joined-up, person-centred approach.

Nudge makes reasonable adjustments to ensure safe access to learning, including:

- Adjusting timing for medical routines or fatigue
- Planning rest breaks or reduced sensory load
- Avoiding known triggers
- Adapting physical activity

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- Ensuring accessibility of medical equipment
- Creating safe, private spaces for medical procedures

For emergencies, practitioners must be familiar with:

- Signs of deterioration
- Emergency steps outlined in the Individual Health Plan (IHPs)
- When to call 999
- How to retrieve and administer emergency medication (if trained and authorised)

8. Medication & Clinical Procedures

All procedures listed below are detailed in the Administration of Medication Policy and must be followed in full.

- Administering medicines
- Six Rights (Right person, Right medicine, Right dose, Right time, Right route, Right records)
- Storage and transport
- Receiving and returning medicines
- Record keeping
- Controlled drugs
- Refusal of medication

- Covert administration
- Quality assurance

9. Roles and Responsibilities

Practitioners

- Follow Individual Health Plans (IHPs) and risk assessments

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- Maintain dignity, privacy and emotional safety
- Administer medicines only when trained and authorised
- Record and report concerns
- Escalate discrepancies or safety concerns to the Education Intervention Coordinator (EIC)
- To record any administration of medication or seizure occurrence as it happens

Assistant Regional Leads (ARL)

- Support practitioners to understand medical expectations
- Monitor safe implementation during visits
- Escalate concerns to the Education Intervention Coordinators (EIC), Regional Leads (RL), or the Complex Needs Advisor
- Follow the steps in the complex needs manual to ensure all steps are taken prior to the intervention starting

Education Intervention Coordinators (EICs)

- Ensure Individual Health Plans (IHPs) if available are accessible and reviewed
- Coordinate training with clinicians
- Quality-assure documentation and practice
- Act as named point for parent/carer communication
- Follow the steps in the complex needs manual to ensure all steps are taken prior to the intervention starting

Regional Leads (RLs)

- Provide oversight of risk, safety and compliance

- Support complex decision-making
- Ensure staff capacity and competence is maintained

NUDGE EDUCATION 2025 8 Complex Needs Advisor

- Meet weekly with the core team to support progression through the Complex Needs Manual, ensuring interventions commence with the appropriate information, training and guidance in place.
- Monitor training completion and compliance in relation to complex medical and behavioural needs.
- Provide specialist advice, consultation and ongoing support to practitioners and the core team.
- Review emerging themes and trends, offering guidance to inform practice, training and risk management.
- Meet with practitioners and/or the core team to respond to urgent or escalated matters requiring specialist input.

Parents/Carers

- Provide accurate medical information and give consent
- Supply required medicines/devices
- Update Nudge on clinical changes
- To confirm when and the amount of medication handed over and returned on every session

Clinicians

- Provide medical guidance
- Confirm when specialist training is needed
- Provide written emergency plans where required

10. Safeguarding & Data Protection

- Medical concerns can intersect with safeguarding (e.g., fabricated or induced illness).
- Staff must share concerns with the Regional Designated Safeguarding Lead (RDSL) following Nudge safeguarding procedures.

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- Medication records are stored securely and separately, as per the Medication Policy.
- Staff must not use personal devices to record medical information.
- Only essential information is shared, following Data Protection Policy.

11. Quality Assurance and Monitoring

Nudge will:

- Conduct annual audits of Individual Health Plans (IHPs), risk assessments and medical implementation
- Monitor administration error data (in line with Section 7.5 of the Administration of Medication Policy)
- Provide refresher training aligned with organisational requirements
- Review incidents to inform improvements
- Collect feedback from young people, families and staff

12. Supporting Young People with Severe Allergies & Anaphylaxis

12.1 Understanding Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction triggered by allergens such as food, insect stings, medication or latex. Immediate treatment with an adrenaline auto-injector (AAI) is essential.

12.2 Individual Health Plans/Risk Assessment Requirements for Severe

Allergies

Every young person with a diagnosed severe allergy must have an Individual Health Plan/ Risk Assessment that includes:

- Description of allergy and known triggers
- Signs and symptoms of anaphylaxis
- Step-by-step instructions for adrenaline auto-injector administration
- Emergency contact information

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- Requirements for carrying or storing adrenaline auto-injectors

Assistant Regional Leads ensure Risk assessments are completed after an Initial Assessment.

12.3 Storage and Accessibility of Adrenaline Auto-Injectors

Parents/carers must supply at least two in-date adrenaline auto-injectors for sessions. Practitioners must ensure adrenaline auto-injectors are:

- Clearly labelled
- Easily accessible during sessions
- Stored securely but available for immediate use

Expiry dates must be checked routinely.

All storage, transport, and handling of adrenaline auto-injectors must also follow the procedures outlined in the Administration of Medication Policy.

12.4 Staff Training

All relevant staff must receive annual training on:

- Recognising early and late symptoms of anaphylaxis
- Safe use of adrenaline auto-injectors
- Emergency procedures post-administration

Training should be provided or validated by accredited professionals. Competence in recognising anaphylaxis and administering adrenaline auto-injectors must be assessed and formally recorded by an accredited trainer or designated medical professional.

12.5 Emergency Procedure

If anaphylaxis is suspected:

1. Administer the adrenaline auto-injector immediately into the outer thigh.
2. Call 999, stating “anaphylactic emergency.”

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3. Keep the young person lying flat with legs elevated unless breathing

difficulty requires them to sit up.

4. Administer a second adrenaline auto-injector if symptoms persist after 5–15

minutes and a second device is available.

5. Monitor continuously until emergency services arrive.

12.6 Preventative Measures

- Educate young people, staff and families about allergy safety
- Risk-assess activities, trips and environments for exposure risks
- Ensure food, materials or environments containing identified allergens are avoided where reasonably possible

12.7 Record Keeping

Any adrenaline auto-injector administration must be recorded in line with the Medication Policy’s record-keeping requirements.

Parents/carers must supply replacement adrenaline auto-injectors following use or expiry.

12.8 Safeguarding Considerations

Any concerns relating to the management of allergies, repeated exposure to allergens, inconsistency in reported symptoms, or possible Fabricated or Induced Illness must be escalated to the Regional Designated Safeguarding Lead immediately, in line with Nudge’s Safeguarding Policy.

13. Policy Review

This policy will be reviewed annually, or sooner if required due to changes in legislation, emerging quality assurance findings, developments in clinical best practice, or revised commissioning or safeguarding requirements.

This policy has been signed off by the Nudge Education Directorate. Charlotte Noutch Director of Partnerships & Services 5 Dec 2025

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14. Linked Policies

- Administration of Medication Policy
- Child Protection & Safeguarding Policy
- Health & Safety Policy
- Equality, Diversity & Inclusion Policy
- Data Protection & Information Security Policy
- Special Educational Needs and Disabilities Policy

All Policies can be found here.

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NEO Online Addendum — DRAFT

> **Status:** This NEO online addendum is newly drafted and pending review by the Director of Operations and Designated Safeguarding Lead before it goes live. The canonical Nudge Education Supporting Young People with Medical Conditions Policy above continues to apply.

Scope of this addendum

This addendum applies the canonical policy to the online provision context of **Nudge Education Online (NEO)**. Because NEO does not have physical access to the learner, the operational application of the canonical policy differs in clearly specified ways.

What NEO can and cannot do remotely

NEO can:

- Hold accurate, current information about each learner's medical conditions, supplied by the family at admission and updated by them as conditions change.

- Configure the learner's individual support plan to reflect any medical adjustments — for example, agreed breaks for blood sugar management, flexibility for fatigue conditions, audio-only sessions where camera-on triggers a relevant condition.
- Recognise visible or audible cues during a live session that may indicate a medical event in progress (loss of awareness, seizure activity, sudden distress, change in colour or breathing pattern).
- Initiate the agreed emergency response: contact the home, contact the named emergency contact, and where indicated, request that the family contact emergency services.
- Pause or end a session and provide a written record of what was observed, for use by the family or treating clinicians.

NEO cannot:

- Administer medication of any kind (see the Administration of Medication Policy NEO addendum).
- Provide hands-on physical support — including basic first aid, recovery position, or seizure protection.
- Verify that medication has been taken or replenished.
- Substitute for an appropriate adult presence in the home where the learner's medical condition requires one.

Information held about medical conditions

At admission and on change, the family provides:

- The learner's known medical conditions, including any condition that might present during a live session.
- Medication regime details, but only insofar as they help NEO understand the learner's day (timing of fatigue, side effects affecting attention, etc.) — NEO does not hold prescription details or administer.
- Named emergency contacts in priority order, with the relationship to the learner.
- Specific request for any session adjustment the family wishes to put in place.
- Any clinical advice the family wishes NEO staff to be aware of.

The DSL and SENDCo agree the information that staff working with the learner need to see, and ensure it is held securely under the **Data Protection and**

Information Security Policy.

In-session medical events

If during a live session a member of NEO staff has reasonable concern that the learner is experiencing a medical event:

1. Stay with the learner on the call. Do not end the session until alternative support is in place.
2. Use any agreed signal or check (e.g. asking the learner a low-cognitive-load question) to assess responsiveness.
3. Contact the named emergency contact via the agreed route (typically a phone call, even if the family has indicated email-only contact for routine matters — medical events override that).
4. If the family is uncontactable and the situation is potentially serious, request that emergency services be contacted. Where practicable, NEO staff may make this request directly while remaining on the call with the learner.
5. Document the event factually in the safeguarding log. The DSL is informed without delay.

Ongoing partnership with the family

NEO works with the family to ensure that:

- An appropriate adult is reachable during scheduled session times where the learner's condition makes this necessary.
- Family-managed medication routines are accommodated in session timing where possible.
- The learner has agency in deciding how their condition is referenced in sessions, particularly with a class group.

Related policies

- **Administration of Medication Policy** (NEO addendum)
- **Child Protection and Safeguarding Policy**
- **SEND Policy**
- **Risk Assessment Policy**

Document control

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