



Supporting Students with Medical Conditions

Contents:

- Statement of intent
- Key roles and responsibilities
- Definitions
- Training of staff
- The role of the child
- Individual Healthcare Plans (IHCPs)
- Medicines
- Emergencies
- Avoiding unacceptable practice
- Insurance
- Complaints

Appendices

1. Individual healthcare plan implementation procedure
2. Individual healthcare plan
3. Parental agreement to emergency use of medicine held by the school
 - 3a. Salbutamol
 - 3b. Adrenalin
4. Parental agreement for a school to administer medicine
5. Record of medicine administered to an individual child
6. Record of medicine administered to all children
7. Staff training record – administration of medicines
8. Contacting emergency services
9. Model letter inviting parents to contribute to individual healthcare plan development
10. Common long term medical conditions

Statement of intent

The Elmgreen School wishes to ensure that students with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in September 2014 – "Supporting students at school with medical conditions".

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting students with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of students who need to be out of school for fifteen days or more due to a medical condition.

The Governing Body is responsible for:

- The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of The Elmgreen School.
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Deputy Headteacher is responsible for:

- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of The Elmgreen School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.

- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members are responsible for:

- Noting which students are flagged as having medical conditions on class context sheets
- Looking at the Individual Health Care Plan for any child they teach or support
- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility. A member of staff cannot be made to administer medicine or provide support to students with medical needs unless it forms part of their contract and job description. Staff must however have regard, particularly in an emergency to their duty of care towards the student.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

Definitions

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.
- A "staff member" is defined as any member of staff employed at The Elmgreen School, including teachers.

Training of staff

- Teachers and support staff will receive training on the Supporting Students with Medical Conditions Policy as part of their new starter induction.
- Teachers and support staff will receive regular and ongoing training as part of their development.

Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:

- Use of auto injectors (epi pen)
- Management of asthma in school

The first point of contact for training will be the School Nurse.

All other training will be given according to the needs identified in the Individual Healthcare Plan. Training will therefore be on a case by case basis. Whilst some of this may fall to those staff who are qualified first aiders this qualification is not sufficient for the purposes of this policy and the restrictions below apply:

- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- No staff member may administer drugs by injection unless they have received training in this responsibility. The need for staff to administer injections would be seen as exceptional as student would be expected to self-inject unless incapacitated.
- The Office Manager will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

The role of the child

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, students will be encouraged to take their own medication under the supervision of a member of staff.

Individual Healthcare Plans (IHCPs)

- Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the student, parents/carers, Headteacher, Head of Inclusion/Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

- Where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.
- IHCPs will include tasks that can only be carried out by a registered healthcare professional
- Where the IHCP requires a student to need intimate care which would involve contact with or exposure of the students' body it should state the need for more than one member of staff to be present and any gender specific needs.
- IHCPs will contain details of any medication and whether it is to be self-administered with supervision or administered by a member of staff. It will note whether or not the parent has completed the administration of medicines request form.
- IHCPs will consider the support needs on day trips, educational visits or sporting activities. In doing so the need for additional staff must be considered in excess of the usual staff/student ration for visits set out in the School Visits Policy. Any such staff will have been given appropriate guidance and training to support the particular medical needs of the student.
- IHCPs will be kept centrally and electronic copies will be placed in the medical file on the staff shared area. Staff will be expected to be familiar with the medical needs of any student they teach or support.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form. No child will be given any prescription or non-prescription medicines without written parental consent.
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines must be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug Policy.
- Medications will be stored in the main office
- Medicines requiring refrigeration will be stored in the locked fridge in the medical room.

- Any medications left over at the end of the course will be returned to the child's parents.
- Medication that has gone out of date will be returned to the child's parents for return to a pharmacy.
- Written records will be kept of any medication administered to children.
- Students will never be prevented from accessing their medication.
- The Elmgreen School cannot be held responsible for side effects that occur when medication is taken correctly.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures.

Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency

Students will be informed in general terms of what to do in an emergency such as telling a teacher.

If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Emergency administration of Salbutamol and Adrenalin

- The school, to ensure the safety of students with specific medical conditions, is allowed to hold supplies of salbutamol (for asthma) and adrenalin auto injectors (for anaphylaxis). These are for use when a child's medication is not available.
- In the case of adrenalin auto injectors the guidance from the Department of Health requires that those purchased match those prescribed for individual students.
- Where a parent has notified the school that their child suffers from asthma or anaphylaxis they will be asked to complete a consent form to allow use of supplies of salbutamol or adrenalin held at the school in the event that their child medication is unavailable.
- Where parental consent has not been given or cannot be had at the time and in event of an emergency where the condition, in the judgment of a qualified first aider, is potentially life threatening, and the student's medication is not available, then they acting in loco parentis will administer salbutamol or adrenalin held by the school. In both circumstances an ambulance will be called. Parents will be informed as soon as possible that medication has been administered and if the child has been taken to hospital.

Avoiding unacceptable practice

The Elmgreen School understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the medical room or school office alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

Staff who undertake responsibilities within this policy are covered by the school's insurance.

The schools insurance is arranged through the Risk Protection Arrangement provide by the Department for Education. The school holds Public liability Insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Director of Finance and Administration.

Data Protection

The Trust and Governing Body will meet the duties and obligations set out in the Trust's Data Protection Policy in the use of personal data. Personal data will be shared with staff so that they are aware of the any student with a medical condition, what symptoms may present and now to respond. Information will be held on the schools Management Information System, in a health care plan and in a covered display in the staffroom. The school is collecting and sharing this information to fulfil its statutory and public functions which is the basis of consent in these circumstances.

Complaints

The details of how to make a complaint can be found in the Great North Wood Education Trust Complaints Policy:

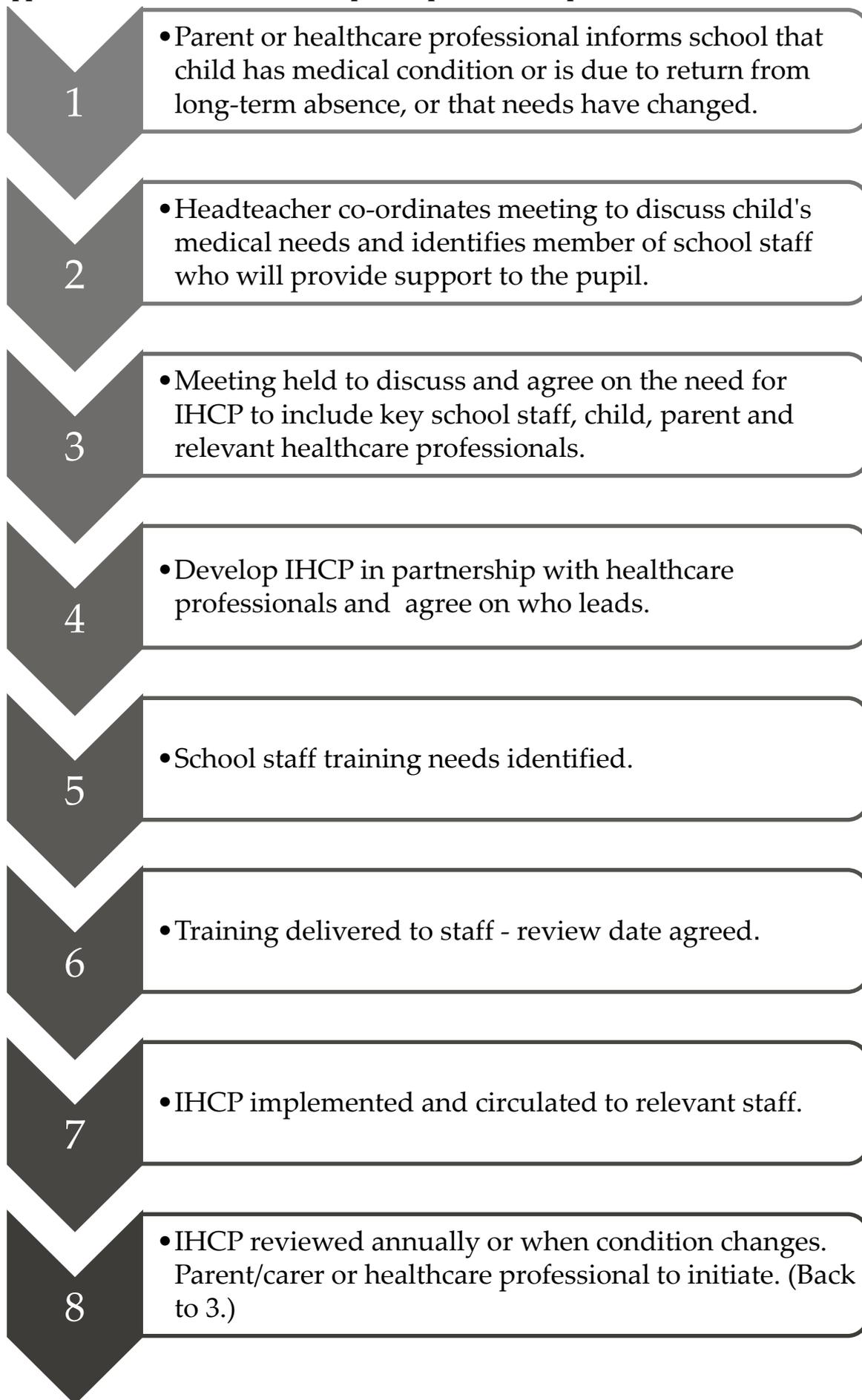
Policy approved by governing body: November 2014

Review period: Annual

Last Review: November 2018

Next Review: November 2019

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Individual healthcare plan template



Individual Health Care Plan

Name of school

| |
|--|
| |
|--|

Child's name

| |
|--|
| |
|--|

Tutor Group

| |
|--|
| |
|--|

Date of birth

| |
|--|
| |
|--|

Child's address

| |
|--|
| |
|--|

Medical diagnosis or condition

| |
|--|
| |
|--|

Date

| |
|--|
| |
|--|

Review date

| |
|--|
| |
|--|

Family Contact Information

Name

| |
|--|
| |
|--|

Phone no. (work)

| |
|--|
| |
|--|

(home)

| |
|--|
| |
|--|

(mobile)

| |
|--|
| |
|--|

Name

| |
|--|
| |
|--|

Relationship to child

| |
|--|
| |
|--|

Phone no. (work)

| |
|--|
| |
|--|

(home)

| |
|--|
| |
|--|

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements (include arrangements if contact with or exposure of the students body is required)

Specific support for the student's educational, social and emotional needs

Arrangements for school visits/trips etc.

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3a – Consent form – emergency use of salbutamol



Emergency use of a Salbutamol Inhaler

Consent Form

Name of Student _____ Tutor Group _____

Please tick the statements below that apply to your child:

My child (named above) has been diagnosed with asthma

My child has been prescribed with an inhaler

My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school everyday

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies

Signature of parent/carer _____ Date _____

Name of parent/carer (Please print) _____

Address _____

Postcode _____

Telephone: Home _____ Mobile _____ Work _____

Email _____

Appendix 3b – Consent form – emergency use of adrenalin auto injector



Emergency use of an Adrenalin Auto Injector

Consent Form

Name of Student _____ Tutor Group _____

Please tick the statements below that apply to your child:

My child (named above) has been diagnosed with anaphylaxis

My child has been prescribed with an epipen

My child has two, in-date epipens, clearly labelled with their name, which will be stored in the main office

My child has an in-date epipen, clearly labelled with their name, which they will bring into school every day

In the event of my child displaying symptoms of an attack, and if their epipen is not available or is unusable, I consent for my child to receive administration of an epipen held by the school for such emergencies

Signature of parent/carer _____ Date _____

Name of parent/carer (Please print) _____

Address _____

Postcode _____

Telephone: Home _____ Mobile _____ Work _____

Email _____

Appendix 4 – Agreement to hold and administer medicine



Parental Agreement for School to Administer Medicine

Name of student _____

College _____ Tutor Group _____

Name of Medicine _____

Date medicine dispensed _____

Expiry date _____

Dose to be given _____

When dose to be given _____

Are there any side effects the schools should know about?

Any other instructions

Note: Medicines must be in the original contained as dispensed by the pharmacy

Daytime phone number of parent or adult contact _____

Name and phone number of doctor _____

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing if there are of any changes to dosage or frequency of the medication or if the medicine has stopped.

Parent or carers signature _____

Parent/Carer name (please print) _____

Date _____

If more than one medicine is to given a separate form should be completed for each one

Appendix 5 - record of medicine administered to an individual child



Record of medicine administered to an individual child

| | | | | |
|----------------------------------|---------------------|----|------|--|
| Name of school | The Elmgreen School | | | |
| Name of child | | | | |
| Date medicine provided by parent | DD | MM | YYYY | |
| Tutor Group | | | | |
| Quantity received | | | | |
| Name and strength of medicine | | | | |
| Expiry date | DD | MM | YYYY | |
| Quantity returned | | | | |
| Dose and frequency of medicine | | | | |

Staff signature _____ Date _____

Signature of parent _____ Date _____

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

| | | | | | | | | | |
|-------------------------|----|----|------|----|----|------|----|----|------|
| Date | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY |
| Time given | | | | | | | | | |
| Dose given | | | | | | | | | |
| Name of member of staff | | | | | | | | | |
| Staff initials | | | | | | | | | |

Appendix 7 - Staff training record – administration of medicines



| | |
|-----------------------------|---------------------|
| Name of school | The Elmgreen School |
| Name: | |
| Type of training received: | |
| Date of training completed: | |
| Training provided by: | |
| Profession and title: | |

I confirm that _____ has received the training Detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by _____

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 8 - Contacting emergency services

- Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
- Speak clearly and slowly and be ready to repeat information if asked.
- Your telephone number – **0208 766 5020**
- Your name.
- Your location as follows: **The Elmgreen School, Elmcourt Road, London SE27 9BZ**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Appendix 9 - Model letter inviting parents to contribute to individual healthcare plan development

Dear

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 10 - Common long term medical conditions

Anaphylaxis-medicine and control

- Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention.
- Symptoms are a swelling of the throat, restricting air supply, or severe asthma.
- The treatment of a severe allergic reaction is an injection of adrenaline.
- The injection should be administered into the muscle of the upper outer thigh.

- An ambulance should always be called.

Epilepsy-medicine and control

- An epileptic seizure, fit can happen to anyone at any time. Not all seizures involve loss of consciousness. Symptoms range from twitching or jerking of a limb, pins and needles, confusion or mumbling sounds.
- Most children with epilepsy take anti-epileptic medicines to reduce seizures.
- During a seizure make sure that the child is in a safe position, not to restrict movement and to allow the fit to take its course. Nothing should be placed in the mouth.
- An ambulance should be called
- if it is the first time,
- the child is badly injured,
- they have a problem breathing afterwards,
- it lasts for more than five minutes or there are repeated seizures.

Diabetes-medicine and control

- Diabetes is a condition where the level of glucose in the blood rises. The diabetes of the majority of children is controlled by injections of insulin.
- Children with diabetes need to eat regularly during the day. Indicators of low blood sugar-a hypoglycaemic reaction are;
 - hunger,
 - sweating
 - drowsiness
 - pallor
 - glazed eyes
 - shaking
 - lack of concentration,
 - irritability
 - headache
 - mood change
- If a child is hypo fast acting sugar is brought to the child.
- An ambulance should be called:
- if the child takes longer than 15 minutes to recover
- the child becomes unconscious.

Asthma- medicine and control

Any guidance in this policy should be read in conjunction with guidance published by the Department of Health in September 2014 concerning the emergency use of salbutamol inhalers in schools.

- Asthma is common (1 in 10 children in the UK).
- The most common symptoms are coughing and wheezing, tight feeling in the chest or getting short of breath.
- There are two main types of medicines used to treat asthma, relievers and preventers.
- Usually a child will only need a reliever during the school day.
- Children need to have immediate access to their relievers when needed.
- Inhalers should be taken out if the child is going offsite for a visit or PE

The school holds salbutamol inhalers for use in an emergency.

- A student will only be allowed to use these inhalers if the parent or carer completed the consent form above.
- The school will maintain a list of students with medical conditions and write to all families or carers whose children have been diagnosed with asthma.
- If an emergency inhaler is used parents/carers will receive a letter explaining this and why it was necessary to do so.
- A qualified first aider will be in attendance when the salbutamol is administered

An ambulance should be called

- if the symptoms do not improve sufficiently in 5-10 minutes,
- the child is too breathless to speak,
- the child is becoming exhausted or the child looks blue.

Sickle Cell Disorder

- Sickle cell disorder (SCD) is a collective name for a series of serious inherited chronic conditions that can affect all systems of the body.
- It is one of the most common genetic conditions in the world and affects around 1 in 2,000 of all babies born in England.
- These sickle cell disorders are associated with episodes of severe pain called sickle cell painful crises.
- People with sickle cell disorder have a type of haemoglobin which differs from normal adult haemoglobin. This can cause red blood cells to change shape and become blocked in the blood vessels, causing acute pain. Many systems of the body can be affected meaning that different key organs can be damaged and many different symptoms can occur in many different parts of the body.
- The main types of sickle cell disorder are sickle cell anaemia, haemoglobin SC disease and sickle beta-thalassaemia.

The nature of Sickle Cell can lead to long periods of absence or many short periods of absence. For such students an individual healthcare plan will be drawn up. The plan will seek to incorporate preventative measure to support students with Sickle Cell Disorder:

Water: Young people with SCD need to be well hydrated to reduce the likelihood of becoming ill. Have a ready supply of fresh drinking water available. Do not restrict drinking water in class.

Using the Toilet: People with SCD cannot concentrate urine as readily. They produce large quantities of dilute urine and need to go to the toilet more often. Do not restrict toilet breaks for children.

Tiredness: The person with SCD may experience severe anaemia. This may mean they feel tired, lethargic and unable to concentrate. They may feel tired to the point where they feel they need to sleep. Young people with beta-thalassemia major are likely to be tired towards the end of their 4 week cycle of transfusions. It is important that teachers do not mistake serious medical symptoms of SCD or beta-thalassemia major for laziness. Climbing several flights of stairs several times per day to get to and from the classroom is physically demanding for some young people with SCD. In some cases issuing a personal lift pass may be appropriate.

Physical Exercise: Avoid hard, physical exercise involving strenuous exertion that could precipitate a sickle cell crisis. Encourage moderate exercise. Listen to the young person who will come to know their own safe limits of physical activity. For SCD or beta-thalassemia major do not refuse requests if a young person asks to be excused or stop activity because of tiredness or pain. For children with SCD, cold or wet weather, or exposure of the skin to cooling wind may all be a trigger to episodes of illness. Obligatory sports and gym sessions out of doors in cold and wet weather is a potent stimulant to crisis for some children. It is important to listen to the child and parent, and follow advice from their specialist medical teams about this.

Infection: Young people with SCD have a damaged or missing spleen (the organ that helps to fight infections). Enable safe storage and dispensing of any antibiotic drugs prescribed for the young person with sickle cell disorder.

Temperature: Avoid activities that require outdoor work in cold or damp conditions; avoid under-heating of classrooms, especially mobile classrooms; maintain good ventilation of study areas. Allow coats to be worn in class, and permit the child with SCD to stay inside at break in cold or wet and windy weather.

Medical Issues and Medical Emergencies for Sickle Cell Disorders

| Issue | Symptoms |
|------------------------------|--|
| Acute chest syndrome | Chest pain, coughing, difficulty breathing, and fever. It can appear to be similar to flu like symptoms |
| Aplastic crisis: | Signs include paleness, fatigue, and rapid pulse |
| Fever: | Children with sickle cell disorder and fever should be seen by a consultant without delay. |
| Hand-foot syndrome | Painful swelling of the hands and feet, plus fever |
| Painful crises | May occur in any part of the body and may be brought on by cold or heat or dehydration. In severe cases the student will need to go to hospital. Establish severity of crises from student. |
| Splenic sequestration crisis | Early signs include paleness, weakness, an enlarged spleen, and pain in the abdomen. |
| Priapism: | Unwanted painful erection of the penis, unrelated to thoughts about sex. Urgent medical help should be sought if it lasts more than two hours. |
| Stroke | <p>Age range 2 - 10 at highest risk. Apply the FAST principal</p> <p>F - Facial weakness: can the person smile, or has their mouth or eye drooped?</p> <p>A - Arm: can the young person raise both their arms above shoulder height?</p> <p>S - Speech problems: can the person speak clearly and understand what you say?</p> <p>T - Time: to dial the emergency number for an ambulance.</p> <p>In some cases differentiating between the systems of a painful crisis and those of a stroke can be difficult</p> |
| Silent Strokes | Changes in a young person's behaviour or concentration or a sudden deterioration in the quality of their school work could be due to several reasons. In up to a fifth of young people with sickle cell disorders, small areas of brain damage are evident on a sensitive brain scan (MRI scan) resulting from impaired blood supply. It is important to liaise with the young person's medical consultant in order to investigate if such changed behaviour is owing to a silent stroke. |