Victory Primary School

Victory for all !

Medical Policy and First Aid Policy

October 2024

Introduction

On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at Victory Primary School with medical conditions.

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 governing bodies will strive to 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. For children with SEN, this guidance should be read in conjunction with SEND code of practice.

At Victory Primary School (VPS), our aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Children and young people with medical conditions have the same rights of admission to our school as other children; however, the suitability of the school environment in relation to children's needs must be considered.

In addition to this, VPS governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. Our school will therefore not accept a child at times where it would be detrimental to the health of that child, or to the health of other children within the school.

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Our school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below, but this list is can be expanded depending on the needs of the child involved.

The Governing body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition.

They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

The Headteacher and the school's Inclusion Team have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff - Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they are not legally required to do so. If they agree to administer medication, they do so on a voluntary basis. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Key members of school staff should know what to do and respond accordingly, when they become aware that a pupil with a medical condition needs help.

School nurses - Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians- should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

Pupils - with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents - should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment. They must also ensure they or another nominated adult are contactable at all times.

Staff training and support

The relevant healthcare professional should normally lead on identifying the type and level of training required, and how this can be obtained. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves will require an appropriate level of supervision.

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.

Procedure to be followed when notification is received that a pupil has a medical condition

For children starting at Victory Primary School, arrangements should be in place in time for the start of the relevant school term, but this will depend on whether the all the information has been given to our school, before the child starts at our school.

In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school, in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

Victory Primary School will not always wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

Individual healthcare plans

Individual healthcare plans can help to ensure that VPS effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a

high risk that emergency intervention will be needed. However, not all children with a medical condition will require one.

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision.

Individual healthcare plans should be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN, but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption

Where a child is returning to Victory Primary School following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following will be considered:

1. the medical condition, its triggers, signs, symptoms and treatments;

2. the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

3. specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

4. the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

5. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

6. who in the Victory Primary School needs to be aware of the child's condition and the support required;

7. arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

8. separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;

9. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

10. what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Managing medicines on school premises

1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

2. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

3. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

5. Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

6. Medicines should be stored safely in the school office. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

7. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

8. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Emergency procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

VPS governing body will ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

VPS should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment, so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

Liability and indemnity

Victory Primary School Insurance policy provides liability cover relating to the administration of medication.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer (governing body).

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they

may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Accident reporting procedure

What is an Accident?

An accident is an unplanned, uncontrolled event which may or may not result in a personal injury.

Reporting Procedures

All accidents should be reported to the school office whether they result in injury or not.

Copies of the Accident Reports are kept filed in the school office and copies of these are kept for the required period as detailed by the LBS

Minor Injuries

Children should be sent to the school office accompanied by another child for minor first aid to be administered.

Head Injuries

Any child suspected of injuring their head will need to be looked at by a trained First-Aider and a head injury letter sent home with them. Whenever possible the parent will be contacted by phone, and a copy of the accident report will be given to the parent.

Major Injuries

A First-Aider needs to be summoned immediately. The first-aider will ascertain, in their judgement whether an ambulance needs to be summoned immediately. In cases where the child's life is not in danger, they are not unconscious and it is not a back injury, the parent will be contacted wherever possible, so that they can either take the child to hospital themselves or seek further medical advice from their GP.

Staff should not attempt to move the patient or administer any first aid other than in a life or death situation.

Transport to Hospital

If an ambulance is required the emergency '999' service should be used. Wherever possible no casualty should be allowed to travel to hospital unless the parent/carer is notified first. It may be appropriate to transport a student to a casualty department without using the ambulance service, but it should be noted that this should always be on a voluntary basis. This will not take place without prior authorisation by a member of the Senior Management Team. These will be cases of a less severe nature than those requiring transport by ambulance. No casualty should be allowed to travel to hospital unaccompanied.

As soon as possible after the incident every case of injury or accident must be fully and accurately reported on the appropriate form available from the school office and, where possible, detailed statements should be obtained for witnesses.

Completed forms should be returned to the school office to be passed to the Headteacher who will check that the appropriate investigation has been carried out. An accident form must be completed for an accident to employees, students, members of the public

Illnesses

Any child suspected of having an infectious disease, skin condition, virus or serious illness, needs to be looked at by a trained First-Aider. Follow the procedures above for minor and major occurrences. The parent, where possible will be contacted. If the school is in any doubt, the school nursing team will be contacted for advice.

The Schools policy is that parents MUST keep children at home when they are acutely unwell, and/or have a complaint that is deemed as infectious to others.

Parents are reminded in school newsletters of the need to inform the school about illnesses.

Reviewed October 2024

Next review October 2025

Appendix 1 - Form 1

Asthma

Asthma pumps

Parents and children are advised in that it is advisable for the child to have one pump kept in school and one kept at home. The asthma pumps are kept and stored by staff in the school office. Parents are asked to put the child's name on the asthma pump. awareness for school staff

What to do in an asthma attack

- Keep calm.
- Encourage the child or young person to sit up and slightly forward .
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring student services and ask for a first aider to come to the student.

If there is no immediate improvement

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:-

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives. It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

Common signs of an asthma attack are:-

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher
- or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.

Appendix 1 – Form 2

<u>Epilepsy awareness for school staff</u>

Complex partial seizures

Common symptoms

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Contact the HT and school office for assistance

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

Do...

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

Tonic-clonic seizures

Common symptoms:

- the person goes stiff,
- loss of consciousness
- falls to the floor

Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished

- Stay with them until recovery is complete
- Be calmly reassuring

Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

Call 999 for an ambulance if...

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

Appendix 1 – Form 3

<u>Anaphylaxis awareness for staff</u>

Symptoms of allergic reactions:

Ear/Nose/Throat - Symptoms:
runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, post nasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears
.
Eye - Symptoms:
watery, itchy, prickly, red, swollen eyes. Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

Airway - Symptoms:
wheezy breathing, difficulty in breathing and or coughing (especially at night time).

Digestion:
swollen lips, tongue, itchy tongue, stomach ache, feeling sick, vomiting, constipation and or diarrhoea.

Skin:
Urticaria - wheals or hives-bumpy, itchy raised areas and or rashes.
Eczema -cracked, dry, weepy or broken skin. Red cheeks.
Angiodema - painful swelling of the deep layers of the skin.

Symptoms of Severe Reaction/ Anaphylaxis:

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth
- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

TREATMENT

- Ring student services and ask for first aider to come to student Send a student or member of staff to student services to collect 2nd epipen and to ask them to ring for an ambulance and parents.
- If student conscious keep them in an upright position to aid breathing. If unconscious then place in recovery position.
- If student is conscious and alert ask them to self-administer their epipen. If student
- unconscious, trained member of staff to administer epipen as per training. Record time of giving.
- If no improvement within 5 minutes then 2nd epipen to be administered.
- Keep used epipens and give to paramedics when they arrive

Appendix 1 – Form 4

Diabetes awareness and treatment for staff

What is it?

- Abnormal fluctuations in blood sugar can lead to someone with diabetes becoming unwell and, if untreated, losing consciousness.
- There are two conditions associated with diabetes - hyperglycaemia (high blood sugar) and hypoglycaemia (low blood sugar).
- Hypoglycaemia is the more common emergency which affects brain function and can lead to unconsciousness if untreated.

Signs and symptoms:

Hypoglycaemia:

- Hunger
- Feeling 'weak' and confused
- Sweating
- Dry, pale skin
- Shallow breathing

Hyperglycaemia:

- Thirst
- Vomiting
- Fruity/sweet breath
- Rapid, weak pulse

First aid aims

Hypoglycaemia:

- Raise blood sugar level as quickly as possible
- Get casualty to hospital, if necessary

Hyperglycaemia:

- Get casualty to hospital as soon as possible

Treatment

Hypoglycaemia:

- Sit casualty down
- If conscious, give them a sugary drink, chocolate or other sugary food
- If there's an improvement, offer more to eat or drink. Help the casualty to find their glucose testing kit to check their level. Advise them to rest and see their doctor as soon as possible.
- If consciousness is impaired, do not give them anything to eat or drink. Dial 999 for an
- Ambulance

Hyperglycaemia:

Call 999 immediately

Further actions

If the casualty loses consciousness

- Open airway and check breathing
- Place them in recovery position
- Prepare to give resuscitation

Appendix 1 – Form 5

<u>Haemophilia</u>

Haemophilia is a blood disorder which stops normal blood clotting when a person gets a cut or bump. They are both genetic disorders; haemophilia almost always occurs in males only but the defective gene is carried by females. The conditions can range from severe, where spontaneous bleeding occurs without the person receiving an injury to mild where a severe injury causes continual bleeding.

Normal P.E. and physical activities should be encouraged but contact sports should be avoided as should hockey and football in older children. Swimming is to be encouraged. Although children with these conditions tend to bruise more easily and bleed more or for longer, there is no need to panic; children will not bleed to death if they cut themselves.

Treatment

A plaster should be applied and pressure put on to a cut for as long as necessary.
If bleeding hasn't stopped in 10-15 minutes then parents or doctor should be called. Severe cuts should be treated at hospital. These may take longer than usual to heal.
Signs of internal bleeding

- A child may be holding a limb in an unusual position
- The child may complain of pain when moving a joint
- There may be swelling
- The site of bleeding may be warm.
- The child may hold the painful area.

The main problem is internal bleeding caused by heavy bangs to the body, especially the head. If a child with haemophilia receives a severe bang, he/she should be sent to hospital as soon as possible.

Parent must be called and school should dial 999

Appendix 1 – Form 6

<u>Sickle Cell</u>

What is Sickle Cell Disease (SCD)?

Sickle cell disease (SCD) is an inherited blood disorder. It is not contagious. Most children with SCD are of African ancestry, but children of Middle Eastern, Mediterranean, and South Asian ancestry are also affected.

Signs and symptoms of sickle cell disease

The two main characteristics of SCD are a long-standing anaemia and recurrent episodes of vaso-occlusion:

- Anaemia is a result of increased breakdown of red blood cells. Children may appear pale and have yellow eyes from time to time.
- Vaso-occlusive episodes are blockages of the blood vessels anywhere in the body by deformed red blood cells. This causes a lack of oxygen in the affected area of the body. Symptoms depend on where the blood vessels are blocked. If a blood vessel going to the brain is blocked, for example, the child will show symptoms of a stroke, such as weakness of one side of the body. If the blood vessel going to a leg bone is blocked, the child will have pain in the leg.

What to do if your student with sickle cell disease is unwell

Temperature

1. First, have the student sit or lie down in a quiet place.
2. Take the student's temperature. Parents are advised to have a thermometer in the child's bag for use in school or to leave one with the teacher for that student's use.
3. If the temperature is higher than 37.5°C under the armpit, or 38°C in the mouth, call the parents immediately to take the student to the closest emergency department.
4. If the temperature is less than 37.5°C, then do a pain assessment.
5. Is there any sign of breathing problems? If yes, call an ambulance. If no, do a pain assessment.

Doing a pain assessment

1. Ask the student what level his/her pain is on a scale of 0 to 10, with 0 being no pain and 10 being "the worst pain ever." Ask where the pain is located.
2. If the pain is less than 7/10 and the parents have given the teacher or nurse a supply of pain medication, the child can have a dose given as prescribed.
3. If no medication is at school to treat pain or if it is greater than 7/10, call a parent to pick up the student.
4. If the pain is localized to 1 or 2 areas, a warm pack can be applied to the site of pain until the student is picked up by a parent. ICE PACKS SHOULD BE AVOIDED.

Children (5 to 8 years of age)

Ask your student: "If 0 is no pain and 10 is the worst pain you can imagine, what are you feeling now?"

Older children (8 years of age and older)

Ask your student: "If 0 is no pain and 10 is the worst pain you can imagine, what are you feeling right now?"

Pain management

If pupil is administered any of the following medications in school these guidelines apply

1. Morphine _____ mg. Repeat dose every four hours.
2. **Before each dose, take your student's temperature. If his temperature is higher than 37.5°C under the armpit, go to the nearest Emergency Department right away.**
3. Acetaminophen _____ mg. Repeat dose every four hours.
4. Ibuprofen _____ mg. Repeat dose every six hours.
5. Docusate _____ mL x one dose.

Physical

1. Give your student plenty of fluids. Not cold.
2. Gently massage the area.
3. Apply heat to the area.

Tips for using heat

- Use disposable, instant hot packs. Be sure to follow the instructions on the package.
- Warm blankets from the dryer.
- Warm baths.
- Apply heat in 20 minute intervals.
- Babies and young children should not be left unattended with heat. Use heat with children 3 years of age and older.
- If the area becomes painful, uncomfortable, or a local skin reaction develops, remove heat immediately.

Psychological/Behavioural

- deep breathing
- relaxation exercises
- distractions (movies or music)
- imagery

What to do when your student with sickle cell disease has a fever

Children with SCD are at greater risk of life-threatening infections than their peers. In part, this is because their spleen function is not as good at destroying the cell coating of some bacteria. ***Fever in a child with SCD is considered an emergency and requires prompt treatment with antibiotics***.

A thermometer should be available at school for assessing the temperature of children if they are unwell while at school. A temperature higher than 37.5°C under the arm and higher than 38°C by mouth requires that the child be seen promptly at an emergency department. Call the child's parents to pick up the child. If they cannot be reached in a short time (perhaps an hour), take the child to the closest emergency department.

Medicines such as acetaminophen and ibuprofen will reduce fever, but will not affect the infection that is causing the fever. Using them can lead to a false sense of security or to the fever not being taken seriously. Do not give a student with SCD these medicines to treat a fever.

Fluid requirements and bathroom privileges for students with sickle cell disease

Children with SCD excrete higher volumes of urine compared with their peers because their kidneys cannot concentrate urine. Bathroom privileges are a must whenever the student needs to go. Attempts to hold urine will result in accidents and embarrassment to the student, with the potential for future teasing and bullying.

Correspondingly, when a child produces more urine than usual, they must also increase their fluid intake. This is particularly important in SCD, as dehydration can trigger pain crises. When patient child is dehydrated, blood cells also become dehydrated and change shape, causing blood vessel blockage and acute pain. Students with SCD should be allowed to have water bottles at their desks so that they will have easy access to water. This will reduce the disruption of leaving the classroom for the water fountain.

Sports and extra-curricular activities for students with sickle cell disease

Students with SCD should be encouraged to participate fully to the best of their ability and according to their tolerance level. As a result of low haemoglobin level (anaemia), they will tire faster than their peers with physical activity. They should be encouraged to try out for school teams and participate in gym, but with more frequent rest periods and increased hydration.

It is a good idea for parents and their child with SCD to talk with the physical education teacher about the physical discomforts associated with SCD and any symptoms the student has had in the past with physical activity. The family and the teacher should reach an understanding about expectations.

Special precautions for swimming

Students with SCD can participate in swimming classes. However, they should limit the time in the pool to 30 minutes. After getting out of the water, the student must dry off and change into dry clothing right away. They should not run around in cold, wet swimsuits as their body temperature will fall, potentially resulting in bone pain.

Special precautions for hot weather

When exposed to very hot temperatures, such as during a sporting event in the summer, students with SCD can participate but with frequent rest breaks and increased hydration.

Special precautions for winter activities

Students with SCD should be allowed to participate, but they should be dressed well in layers appropriate for the temperature of the day. Areas of increased loss of body heat, such as fingers, toes, head, and ears should all be well covered. At temperatures less than -5°C, students with SCD should be excused from participating.

If your student is having difficulty

When a student is identified to be having difficulties academically, neuropsychological testing should be undertaken and appropriate IEP (Individual Education Plan) intervention done on an individual basis. Whenever a teacher is concerned about a student's health, with the parents' written permission they should seek out the health care team involved with the student as a resource.

Children with SCD are expected to have a life expectancy well into their 60s and 70s, so they should be prepared for the work force in a manner that is suitable for the adult with SCD. As a result of the anaemia, most adults will not be able to pursue careers which involve heavy, sustained physical activity. It is therefore essential that they be steered away from such careers and into less physically demanding jobs. This makes achieving a good education even more important.

How teachers can help students with sickle cell disease achieve academically and socially in the classroom

- Learn about SCD and how it has affected your student.
- Provide make-up work for students who have missed days from school due to illness.
- If your student is not performing optimally, suggest a neuropsychological assessment so an IEP can be done to optimize learning.
- Have free and open communication with the student's parents so you can work as a team to optimize performance.
- Dispel any myths or rumours about your student that may be in the classroom, such as reasons for the student's eyes being yellow, or the disorder being contagious.

Special situations where the teacher should call 999

If any of the following occurs, call emergency services right away:

- difficulty breathing
- loss of consciousness
- severe headache
- difficulty speaking or slurring of speech
- weakness of limbs
- seizure activity
- fever greater than 39°C
- unexplained lethargy/sleepiness persistent vomiting

Key points

- Sickle cell disease (SCD) is an inherited blood disorder.
- The two main characteristics of SCD are a long-standing anaemia and recurrent episodes of vaso-occlusion.
- Anaemia is a result of increased breakdown of red blood cells. Children may appear pale and have yellow eyes from time to time.
- Vaso-occlusive episodes are blockages of the blood vessels by deformed red blood cells.
- Infection, fatigue, and dehydration are possible triggers for a pain crisis.
- Do not use ice packs to treat pain.
- If your student has a fever, call his parents immediately so they can take him to the nearest Emergency Department.
- Understanding the difficulties associated with SCD and making the necessary accommodations will help your student achieve success in the classroom.