

St Vincent de Paul Catholic Primary School



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Source- Hertfordshire County Council January 2021

*"We are called to be the hands and face of Jesus
as we learn, love and grow together"*

Last reviewed: Summer 2023
Due to be reviewed: Summer 2025
Reviewed by the Safeguarding Committee

Signature

A handwritten signature in black ink, consisting of a large, stylized initial 'S' followed by a series of loops and a long horizontal stroke.

Chair of Governors

Ratified at Full Governing Body meeting:
Date ratified: 16th May 2023

INTRODUCTION

The policy framework describes the essential criteria for how a school can meet the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Conditions (December 2015) for governing bodies of maintained schools and proprietors of academies in England

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation, including:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME..... Alexandra Whitty

ROLE Deputy Head

INCLUSION

This school is an inclusive community that supports and welcomes pupils with medical conditions.

It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.

- This school understands that all children with the same medical condition will not have the same needs; our school will focus on the needs of each individual child.

SEND

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p27). 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, this school complies 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

COMMUNICATION

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation. Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The

¹An example template for an IHP has been produced by DfE- see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

- This school had chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information)
- This school had chosen to hold a 'spare' emergency adrenaline auto-injector (AAI) for use on children who are at risk of anaphylaxis but whose own device is not available or not working and for whom parental consent for its use has been obtained.

All staff understand and are trained in the school's general emergency procedures

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide regular training for common conditions e.g. asthma, allergies, epilepsy and diabetes. Currently the school nursing service signposts to online training for these conditions although specific training is given to named persons in relation to Diabetes and insulin administration.²
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.³

² For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

³ For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, auto injectors, etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed component to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- This school will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in general first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHC plan, their special educational needs are

mentioned in their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.

- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 1.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

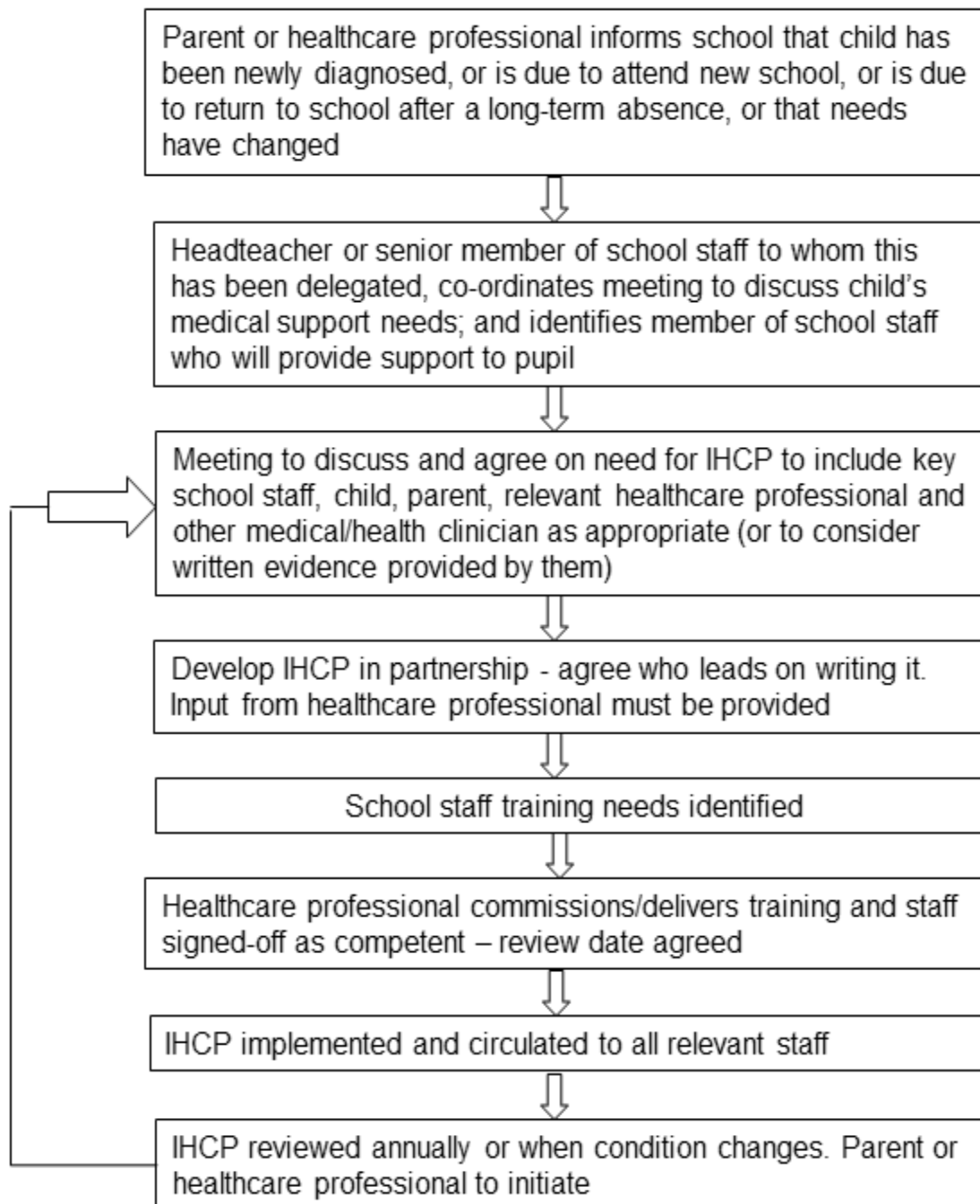
- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

The early years foundation stage - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – 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.

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. Headteachers 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 cannot be required to do so. 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 sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member 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 nurse – 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 will 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 - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a

valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly 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. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

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. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – 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/carers 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3

Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015).

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

A record of use for the emergency inhaler will be kept and Parents/carers will be informed if their child has used the emergency inhaler.

Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.

The school's two Workplace First Aiders will ensure this protocol is followed, they are **Mrs Lorinda Levy and Mrs Noreen Kear** they are to check on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;

The Emergency Inhaler is stored above the AED machine, on the wall outside the medical room in the School Office area and is clearly labelled to avoid confusion with a child's inhaler.

Emergency Adrenaline Auto-injector (AAI)

The school has chosen to hold a "spare" AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.

These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).

The protocol for the use of this is detailed below, following the Department of Health and Social Care AAI's in schools (September 2017).

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care Guidance on the use of AAI(s) in schools.

The school hold a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

Written parental consent is sought for the use of the spare AAI as part of the pupil's IHP.

The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.

A record of use of any AAI(s) will be kept and Parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.

Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.

All AAI devices including the spare AAI(s) are kept in a suitable location above the AED machine, on the wall outside the medical room in the School Office area). AAI(s) are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.

The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.

The school's two Workplace First Aiders will ensure this protocol is followed, they are **Mrs Lorinda Levy** and **Mrs Noreen Kear** they are to check on a monthly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.

Appendix 4 source DfE <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

1. Departmental guidance and advice

- [Special educational needs and disability code of practice 0 to 25](#)
- [The early years foundation stage](#) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- [Working together to safeguard children](#) - statutory guidance on inter-agency working
- [Safeguarding children: keeping children safe in education](#) - statutory guidance for schools and colleges
- [Ensuring a good education for children who cannot attend school because of health needs](#) - statutory guidance for local authorities
- [Drug advice for schools](#) - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- [Home to school transport](#) - statutory guidance for local authorities
- [Equality Act 2010: advice for schools](#) - to help schools understand how the Act affects them
- [School Admissions Code 2012](#) - statutory guidance that schools must follow when carrying out duties relating to school admissions
- [Health and safety](#) - advice for schools covering activities that take place on or off school premises, including school trips
- [Alternative provision](#) - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision
- [First aid](#) - departmental advice on first aid provision in schools
- [Automated external defibrillators \(AEDs\)](#) - how schools can buy, install and maintain an automated external defibrillator
- [School exclusion](#) - statutory guidance for maintained schools, academies and pupil referral units (PRUs)
- [School premises](#) - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- [Mental health and behaviour in schools](#) - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs
- [Department for Education](#) - contact details

2. Associated resources and organisations - wider government

- [NHS Choices](#) - provides an A to Z of health conditions and medicines
- [Managing children with health care needs: delegation of clinical procedures, training and accountability issues](#) - published by the Royal College of Nursing in 2008, this document highlights the clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff
- [Getting it right for children, young people and families](#) - provides information on the Department of Health vision for the role of the school nurse
- [The NHS Information Prescription Service](#) - part of NHS Choices, this service provides personalised information on health conditions that parents may wish to share with schools

- [Health and Safety Executive](#) - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- [School trips and outdoor learning activities: dealing with the health and safety myths](#) - provides information for managers and staff in local authorities and schools
- [Standards for medicines management \(2010\)](#) - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- [Healthy child programme 5 to 19](#) - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing
- [Directors of children's services: roles and responsibilities](#) - statutory guidance for local authorities with responsibility for education and children's social services functions
- [Commissioning regional and local HIV sexual and reproductive health services](#) - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- [Protocol for emergency asthma inhalers in schools](#)
- [Department of Health](#) - contact details

3. Associated resources and organisations - external

- [Advice about emergency healthcare plans](#)
- [The School and Public Health Nurses Association \(SAPHNA\)](#) is dedicated to the health of children and young people in their communities
- [HeadMeds](#) - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- [Medical conditions at school partnership](#) - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- [The Council for Disabled Children \(2014\)](#) has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
 - [Dignity and Inclusion: making it work for children with complex health care needs](#)
 - [Dignity and Inclusion: making it work for children with behaviour that challenges](#)
- [The Health Education Trust \(HET\)](#) - promotes the development of health education for young people
- [Mencap](#) provides support to people with learning disabilities, their families and carers
- [Contact a Family](#) provides support to the families of disabled children whatever their condition or disability
- [UNISON](#) - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services
- [Medicines for Children](#) provides information about a wide range of medicines prescribed to children. It is run by the Royal College of Paediatrics and Child

Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild

4. Associated resources and organisations - medical conditions

- [Diabetes UK](#) – supports and campaigns for those affected by or at risk of diabetes
- [Children’s Heart Federation](#) - a children’s heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- [Education and Resources for Improving Childhood Continence \(ERIC\)](#) supports children with bladder and bowel problems and campaigns for better childhood continence care
- [Anaphylaxis Campaign](#) - supports people at risk from severe allergic reactions (anaphylaxis)
- [British Heart Foundation](#) - supporting those suffering from heart conditions
- [Little Hearts Matter](#) - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- [CLIC Sargent](#) - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- [Sickle cell and Young Stroke Survivors](#) - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- [Coeliac UK](#) - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- [The Association of Young People with ME](#) - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- [The Migraine Trust](#) - a health and medical research charity which supports people living with migraine
- [Migraine Action](#) - an advisory and support charity for children and adults with migraine and their families
- [Stroke Association](#) - supports families and young people affected by stroke in childhood
- [Young Epilepsy](#) - supports young people with epilepsy and associated conditions
- [Asthma UK](#) - supports the health and wellbeing of those affected by asthma
- [Epilepsy Action](#) - seeks to improve the lives of everyone affected by epilepsy
- [East of England Children and Young People Diabetes Network](#) - provide diabetes guidelines for schools, colleges and early years settings