

Supporting Children in Early Years Provision with medical conditions

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Review July 2016

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Expiry or review date

This document will be reviewed in July 2016

Key points

- Children in Early Years Provision with medical conditions should be properly supported so that they have full access to all provision and curriculum.
- Managers must ensure that arrangements are in place in Early Years Provision to support children with medical conditions.
- Governing bodies should ensure that Managers consult health and social care professionals, children and parents to ensure that the needs of children with medical conditions are effectively supported.
- Safeguarding

Introduction

The aim is to ensure that all children with medical conditions are properly supported in Early Years Provision so that they can play a full and active role, remain healthy and achieve their potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate. This is because children with long-term and complex medical conditions may require on-going support, medicines or care while at Early Years Provision to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time. It is therefore important that parents feel confident that the provision will provide effective support for their child's medical condition and that child feels safe. In making decisions about the support they provide, the provision receive and fully consider advice from healthcare professionals and listen to and value the views of parents and children.

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 must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

Developing the Early Years Setting's policy

Managers should ensure that a policy is developed supporting children with medical conditions that is reviewed regularly and is readily accessible to parents and setting staff.

Policy implementation

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

- Who is responsible for ensuring that sufficient staff are suitably trained?
- A commitment that all relevant staff will be made aware of an individual child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- Briefing for supply staff,

- Writing and implementing risk assessments
- Monitoring of individual healthcare plans.

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

Managers should ensure that the setting's policy sets out the procedures to be followed whenever a setting is notified that a child has a medical condition. Procedures should also be in place to cover any change of needs and arrangements for any staff training or support.

Individual healthcare plans

Managers should ensure that the setting's policy covers the role of individual healthcare plans, and who is responsible for their development. Individual healthcare plans can help to ensure that settings effectively support children 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The setting and parent should agree, based on evidence, when a healthcare plan is required.

Health Care Plans should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a setting, but should capture the key information and actions that are required to support the child effectively. 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 setting, parents, and any relevant professionals, who can best advise on the particular needs of the child. The aim should be to capture the steps which a setting should take to help the child manage their condition and overcome any potential barriers to getting the most from their provision.

When deciding what information should be recorded on individual healthcare plans, the Manager should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- the child'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

- Specific support for the child's educational, social and emotional needs
- 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;
- Who in the setting needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Manager for medication to be administered by a member of staff
- 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.

Staff training and support

Managers should ensure that the Provision policy sets out clearly how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The setting's policy should be clear that any member of setting staff providing support to a child with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support the children with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Managing medicines on Early Years Setting's premises

Managers should ensure that the setting's policy is clear about the procedures to be followed for managing medicines and should reflect the following details:

- Medicines should only be administered in the setting when it would be detrimental to a child's health not to do so
- 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

- The provision 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 will generally be available to the provision inside an insulin pen or a pump, rather than in its original container
- Emergency medications should not be locked
- The provision should keep controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the setting.
- Provision 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. The provision 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 setting should be noted
- 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
- All spillages to be recorded.

Record keeping

Managers should ensure that written records are kept of all medicines administered to children. 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 the setting.

Other issues for consideration

- Asthma inhalers — once regulations are changed, the provision will be able to hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health is publishing a protocol which will provide further information.

There is some practice that is unsafe and/or unacceptable

- preventing staff from easily accessing medication
- assuming that every child with the same condition requires the treatment
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion

- sending children with medical conditions home frequently or preventing them from staying for some activities, including lunch, unless this is specified in their individual healthcare plans
- Requiring parents, or otherwise make them feel obliged, to attend the provision to administer medication or provide medical support to their child, including with toileting issues.