



Support and Guidance for Early Years Settings' Healthcare Needs and Critical Incidents

Guidance to support children and
young people with additional
healthcare needs in early years and
childcare settings including response
to critical incidents

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The content of this pack will be reviewed annually.

Thank you to everyone who contributed to the content of this pack

Introduction

This guidance has two purposes and is in two sections. The first section helps settings to manage health concerns by supporting childcare practitioners in their preparation to receive children with medical conditions, and support their ongoing care.

The second section recognises that sometimes sad or traumatic events or critical incidents can occur that are outside our control. This section aims to support settings in being prepared to cope in such circumstances and to be secure about protocols to follow.

The forms in the pack are designed as examples or templates to be adapted to suit your setting:

Form A - An additional Admissions Form - to be completed with the parent before the child/young person is enrolled into the setting. As well as using your standard admissions forms with families this form contains extra questions to identify medical needs.

Form B – Individual Healthcare Plan - to be completed with the parent, health care professional or school/setting SENCo and key person before the child/young person starts attending. It will need to be regularly reviewed at least annually. This form may also be helpful to be used if a member of the staff team has a specific medical condition.

Form C – Staff Training Record - used to identify staff who have been trained by a healthcare professional to administer medicine or treatment as detailed in the Individual Healthcare Plan, before the child/young person starts attending.

Form D – Administration of Medicines and Treatment Consent Form - to be completed by all parents giving permission for medicine or treatment to be administered by setting staff if necessary.

Form E – Record of Prescribed Medicines Given to a Child - to be completed by practitioners each time medicine is administered.

Form F – Health and Safety Risk Assessment - to be completed with the parent, key person, SENCO and appropriate professional before the child/young person starts attending. Once completed this form will need to be shared with all staff at the setting and reviewed at least annually.

Section one

Initial preparation procedure for receiving children with additional healthcare needs in settings

Meeting with parent/carer and setting to complete admission form (Form A) to identify child's medical needs. Permission obtained* from parent/carer to seek further information from relevant professional.

Setting to contact named professional working with the child for further information

Parent to obtain up-to-date medical reports to give to setting

Named professional to liaise with setting SENCO, key person and parents to agree and write Individual Healthcare Plan (Form B) and identify training needs for setting staff.

Date for training session for setting staff by appropriate professional to be arranged. Parent/carer to be involved (Forms C and D).

Review Individual Healthcare Plan (Form B) if necessary and prepare a risk assessment (Form F) with parents/carers, setting staff, appropriate professional, SENCo, SfYC Area Inclusion Co-ordinator. Set review date.

Circulate completed Individual Healthcare Plans (Form B) to parent/carer, setting staff, appropriate medical professional.

When all is in place child to be admitted once insurance company has been informed. Complete administration of medicines and treatment (Form E) when appropriate.

**In line with relevant data protection legislation*

Guidance to settings to support the identification and management of children and staff who may need an Individual Healthcare Plan

Many people are affected by medical conditions that require help and support from the adults caring for them. This document aims to support childcare providers to review and develop their procedures, consider the implications of medical conditions and develop Individual Healthcare Plans (see Forms B and C) to meet their needs.

Admissions Form

It is essential that children who may need to be cared for differently from other children are identified when they start at the setting or as soon as a medical condition occurs. When parents share information about their child's medical condition or the involvement of specialist medical professionals the setting must update the child's details. For all children admission forms need to detail who has legal parental responsibility for the child. Settings must request the parents' signed permission before they can contact the professionals to support them in understanding the child's needs. Current emergency contact phone numbers for the main carer and at least one other adult who could respond in an emergency must also be included in all admissions forms.

Some families may be at the early stages of coming to terms with their child's medical difficulties and may therefore:

- understate the condition when talking with practitioners
- withhold information as they do not realise the importance of sharing medical details
- withhold information because they are anxious that the setting may not allow their child to attend.

It is very important to work closely with parents right from the start. They are the experts in caring for their child and can offer valuable advice and guidance to practitioners.

Adults – Staff or regular volunteers/students

As part of your safer recruitment and induction processes you may use a health/medical declaration form. If there are any issues these need to be discussed and risk assessments undertaken as necessary. A healthcare plan may also need to be put in place.

Drawing up an Individual Healthcare Plan

Before the child is admitted to the setting it is important to hold a meeting to draw up an Individual Healthcare Plan. This plan will help all practitioners working with the child to understand their needs and what the setting ought to do to support them. It will also describe the action that should be taken in an emergency situation.

“The more you understand about a particular condition, the calmer you will feel in dealing with any symptoms” Hannah Mortimer (2002).

The meeting to draw up the plan should include the child's parents/carers, all professionals who hold important information about the child's needs, and the setting. The plan should be referred to

when recording the child's achievements and planning the next steps in the child's learning and development.

Key information that should be included in the plan:

- Child's name, address and date of birth.
- Date of plan.
- Simple description of child's symptoms - this can be written from the child's point of view. It should be written so that practitioners can easily recognise important symptoms.
- Daily care requirements - what needs to happen? Who, preferably key person, should carry out procedures? How does the child like the care to be carried out? How will practitioners record what they have done?
- What constitutes an emergency for this child? This should be written so that practitioners can easily recognise an emergency.
- What action should be taken in an emergency? This must state clearly what practitioners should do and who should carry out procedures. This section also includes guidance on when the emergency services are to be contacted and what information the practitioners need to give.
- Follow up care - what does the child need to happen afterwards?
- Emergency contacts - who should be contacted and when?
- Details of the medical professionals involved.
- Who will hold copies of the plan?

Reviewing and updating the plan

It is the setting manager/supervisor's responsibility to ensure a review date is set and to liaise with the child's parents/carer to monitor and update the plan. The plan should be altered immediately if the child's needs or the contact details change. The meeting must agree who can alter the plan. In some circumstances changes to the plan should be advised by the medical professionals involved. Any changes to the plan must be made in writing and countersigned by the child's parents.

Storing the plan

The setting supervisor should ensure that the plan is accessible to practitioners but cannot be read by other parents/visitors to the setting. A copy of the plan should be given to the child's main carer, and appropriate medical professional as necessary.

Staff training

When the plan is complete, the setting supervisor should seek advice from the local community nursing team for specific training.

Administering medication

Guidance for administering medication and recording when this has been done is available in the EYFS Statutory Framework April 2017 (page 27) and supporting pupils with medical conditions at school DoE 2014. You should be able to search for these documents online. It is good practice for a second practitioner to witness colleagues administering medication.

EYFS Statutory Framework April 2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Supporting pupils with medical conditions at school DoE 2014

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

Supporting children with medical conditions: templates

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx

Risk assessments/other policies

The setting manager/supervisor should assess whether the person's condition indicates that existing risk assessments or other healthcare and inclusion policies and procedures need to be adapted.

Form A - please add this additional information to your existing admissions form

Medical history of child

Date and names of any Injections/immunisation

Details of any allergies

Details of any dietary requirements

Details of any serious illness or operations before or since birth

Has your child being seen at any hospital or by a community paediatrician or is there current involvement?

Name of consultant/paediatrician

Name of hospital and dates of appointments and/or surgery

Details of any contagious diseases.....

Details of any physical needs requirements

Any other additional needs.....

Does your child suffer from any of the following? (Please answer yes or no)

Heart conditions Tuberculosis

Epilepsy/fits Convulsions/fits

Sight impairment Hearing impairment.....

Asthma

(If your child suffers from asthma or allergies please ensure that they have an up to date prescription labelled inhaler, spacer or epi-pen to keep at the childcare setting.)

Doctor's name and surgery

Telephone number (including area code).....

Health visitor's name

Telephone number (including area code).....

Form B

Individual Healthcare Plan

CONFIDENTIAL

| | |
|---|--|
| <p>Child's name:</p> <p>Address:</p> <div data-bbox="245 481 635 745" style="border: 1px solid black; padding: 5px; margin: 10px 0;">Insert photo</div> | <p>Date of birth:</p> <p>Sessions child attends:</p> <p>Monday</p> <p>Tuesday</p> <p>Wednesday</p> <p>Thursday</p> <p>Friday</p> <p>Saturday</p> <p>Sunday</p> |
| <p>Date of plan:</p> | <p>Date of risk assessment:</p> |
| <p>Describe medical needs and give details of symptoms:</p> | |
| <p>Daily care requirements:</p> <p>Arrangements for outings including person responsible in an emergency:</p> | |
| <p>Medication details (including expiry date/disposal)</p> <p>Storage of medication</p> <p>Procedure for administering medication</p> <p>Names of staff trained to carry out health plan procedures and administer medication</p> | |

Describe what constitutes an emergency, actions to be taken, named responsible person and any required medication:

Information to give to the ambulance crew:

Follow up care:

Contact details; may be used in an emergency

Parent/carer's name and phone numbers (relationship to child):

- Home
- Mobile
- Work

Parent/carer's name and phone numbers (relationship to child):

- Home
- Mobile
- Work

Other contact and phone numbers (relationship to child):

Doctor contact details:

Hospital contact details:

Review date:

Parent/carer's signature:

Example Form B

Individual Healthcare Plan

CONFIDENTIAL

| | |
|--|--|
| <p>Child's name: <i>Johnny Bloggs</i></p> <p>Address: <i>77 Main Road , postcode</i></p> <div data-bbox="269 495 659 759" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Insert photo</div> | <p>Date of birth: <i>25.03.15</i></p> <p>Sessions child attends:</p> <p>Monday <i>9.30 - 1 pm</i></p> <p>Tuesday <i>9.30 - 1 pm</i></p> <p>Wednesday <i>9.00 - 1 pm</i></p> <p>Thursday <i>9.00 - 1 pm</i></p> <p>Friday</p> <p>Saturday</p> <p>Sunday</p> |
| <p>Date of Plan: <i>2.3.18</i></p> | <p>Date of risk assessment: <i>2.3.18</i></p> |
| <p>Describe medical needs and give details of symptoms:</p> <p><i>Johnny is very allergic to peanuts and needs to avoid them even if they are in small quantities within another food or toiletries.</i></p> | |
| <p>Daily care requirements:</p> <p><i>Check any food that given to Johnny to make sure that it does not contain traces of nuts. Only use toiletries that are from Johnny's bag. Check any play materials given to Johnny:</i></p> <p><i>Make sure all parents and staff are aware that they should not bring any food into nursery that contains traces of nuts.</i></p> <p>Arrangements for outings including person responsible in an emergency:</p> <p><i>Take epi-pen, spare clothes and emergency contact numbers. Key person, Jane Jones</i></p> | |
| <p>Medication details (including expiry date/disposal) : <i>Epi-pen expiry Dec 19</i></p> <p>Storage of medication: <i>sink cupboard in kitchen in insulated labelled box</i></p> <p>Procedure for administering medication: <i>epi-pen injection given in upper leg</i></p> <p>Names of staff trained to carry out health plan procedures and administer medication : <i>Jane Jones (key person for Johnny) Mary Clarke, Laura Lacey</i></p> | |

Describe what constitutes emergency, actions to be taken, named responsible person and any required medication: *If Johnny has contact with nuts his lips and throat will swell and breathing will be difficult. Very rapidly he will become floppy and go blue. Use the epi-pen immediately. Call the ambulance and stay with Johnny to monitor his condition.*

Information to give to ambulance crew: *"I need an ambulance to come to Happy Harry Pre-school, St John's Church, Any Street, High Town. Postcode. We have a child who has had an allergic reaction to nuts. We have used his epipen. His name is Johnny Bloggs, date of birth: 25.03.15. His epi-pen has been administered and his current condition is"*

Follow up care: *Contact Johnny's mum on her mobile, or his Grandma. Stay with Johnny, keep checking his breathing and reassuring him until the ambulance comes. Make sure he has privacy and that the other children have been taken to a different room.*

Contact details; may be used in an emergency

Parent/carer's name and phone numbers (relationship to child):

Mrs Bloggs/ mother

- Home 02367 000088
- Mobile 07777 999

Parent/carer's name and phone numbers (relationship to child):

Mr Bloggs / father

- Mobile 077214899
- Work 02367 785634

Other contact and phone numbers (relationship to child):

Mrs Field/ Grandma 02367 888777

Doctor contact details: *Dr Brown telephone 0098887*

The Surgery, Happy Town PO34 9ZP

Hospital contact details: *Happy Town Hospital postcode*

Telephone 0002233667

Review date: *4.9.18*

Parent/carer's signature: *S.A. Bloggs*

Staff Training Record for Medicine Administration and Treatment

| |
|--|
| Medicine administration or treatment procedure for which staff training is being provided |
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |

| | |
|-------------|--|
| Instructor | |
| Designation | |
| Signature | |
| Date | |
| Review date | |

| |
|---|
| I have received written and verbal instructions to enable me to carry out the above procedure |
| I understand the procedure and feel confident to carry out the procedure unsupervised |
| I understand the actions required if problems occur during or after the procedure |

| Date | Name | Designation | Signature |
|------|------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Form D

Administration of Medicines and Treatment Consent Form

| | |
|------------------|--|
| Name of setting | |
| Name of child | |
| Address of child | |

| | |
|----------------------------------|--|
| Parents' home telephone number | |
| Parents' mobile telephone number | |

| | |
|---------------------------|--|
| Name of doctor | |
| Doctor's telephone number | |

Please tick the appropriate box

| | |
|--|--|
| My child will be responsible for the self-administration of medicines as directed below | |
| I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff consider necessary | |
| I recognise that staff are not medically trained | |

| | |
|------------------------------|--|
| Signature of parent or carer | |
| Date of signature | |

| Name of medicine | Required dose | Frequency | Course finish | Medicine expiry |
|------------------|---------------|-----------|---------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

| | |
|----------------------|--|
| Special instructions | |
|----------------------|--|

| | |
|-----------|--|
| Allergies | |
|-----------|--|

| | |
|----------------------------|--|
| Other prescribed medicines | |
|----------------------------|--|

Form F

Health and Safety Individual Risk Assessment

Name:

Date of birth:

Medical condition:

Setting signature

Parent's signature

Date

| Risks to health and Safety – risk identified | Who is at risk? | Precautions already taken | Risk Level High/Medium /Low | Action required (by whom and by when) | Review date |
|---|------------------------|----------------------------------|--|--|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Example Form F

Health and Safety Individual Risk Assessment

Name: *HH*

Date of Birth: *05.07.2015*

Medical condition: *brittle bones*

Setting signature *Jane Jones*

Parent's signature *Helen Horn*

Date *5.09.18*

| Risks to health and Safety – risk identified | Who is at risk? | Precautions already taken | Risk Level High/Medium /Low | Action required (by whom and by when) | Review date |
|---|--------------------------|--|-----------------------------------|--|--|
| <i>Tripping, falling or impact with other children on arrival and departure or at busy times</i> | <i>HH</i> | <i>Parent and key person supervising these times</i> | <i>M</i> | <i>Key person to liaise with parent to make suitable arrangements</i> | <i>04.12.18</i> |
| <i>Falling, bumping, impact with other children whilst using indoor/outdoor equipment- climbing frame, trikes, ball games</i> | <i>HH other children</i> | <i>Advice taken from Specialist Teacher Advisor and discussed with all staff - extra supervision</i> | <i>H</i> | <i>If weather is cold or wet all staff to be aware of slippery conditions and monitor HH outside. Key person to liaise with staff on daily basis</i> | <i>Weekly at staff meetings</i> |
| <i>Fire drill</i> | <i>HH</i> | <i>Key person to ensure that HH follows with an adult at the back of the group</i> | <i>H</i> | <i>Manager to ensure all staff are aware and key person nominated to hold HH's hand during fire drill</i> | <i>On each occasion evacuation takes place</i> |

Section two

Definition of a critical incident

A critical incident is a traumatic incident that could result in death or near death of a child or staff member or other adult. If this occurs it is essential that you are prepared and that a policy explaining the procedure the setting will follow is in place and is known to all staff and parents.

Below is a suggested content list for a policy and procedure document:

- **Critical incident policy and procedure document**
- **Preparing for a critical incident occurring**

Your policy should identify the different procedures that should be in place. It will identify who will take the lead should an incident occur to direct staff to undertake the following actions:

- Contact the emergency services by calling 999. Alternatively, if you are on an outing and are unsure of your current location, call 112 on your mobile and the emergency service will be able to locate where you are.
- Contact the child's family – consider a dedicated or private phone line for communication.
- Manage and reassure the other children.
- Contact the local SfYC office for support and advice. SfYC will notify the Local Safeguarding Children's Board and activate emergency school closure process if necessary.
- Agree what to say (with the support of SfYC local office who can seek advice from experienced press officers) and speak to the media to ensure consistency if necessary.
- Agree what to say and contact all parents.

Your policy should explain that procedures need to be drawn up, agreed and followed in order that children and staff are kept safe and protected in the event of a critical incident occurring in the setting. It should also make clear how all those affected are supported after the incident has occurred. It should make clear that your local Services for Young Children (SfYC) will need to be notified as soon as is possible so that you can be supported in contacting all the necessary agencies that need to be informed of the incident, as well as providing you and the children at your setting with the most appropriate support. **This policy will need to be reviewed annually.**

Actions following the incident

Your policy should identify who will take responsibility for undertaking the actions below and any others that you wish to include, detailing when it will be done, and how it will be recorded:

- inform Ofsted
- inform your local Social Care Team – 0300 555 1384
- inform your insurance company
- update your local SfYC office
- update and debrief the staff team
- write a factual report using clear, specific language giving the facts about what happened

- review your procedures to see if you can learn anything from the incident
- consider counselling as necessary – your insurance company or local doctor’s surgery may provide this, and your SfYC team may also be able to support you
- Assess the ongoing risk of this occurring again.

Please consult the sample timeline document at the end of this document for reference. Timings are a guide.

Dealing with a child’s death that occurs outside of the setting

In the sad event of your setting being notified of a child’s death there can be ongoing actions and issues that need to be addressed. These can include distress for staff, children and parents, Social Care or Police investigations may take place and you may have to deal with high media interest. Long-term training needs for staff will need to be identified.

There is no duty in this type of instance to contact Ofsted or Social Care. If you are concerned that this incident is a child protection issue follow your child protection policy and procedures.

Actions following the incident

- Inform your local SfYC office who can support you.
- Consider counselling for your staff as above.
- If you are required to give a statement to the media, your local SfYC office can provide access to an experienced press officer who will be able to offer advice and guidance. Agree what to say with the staff so that they all give the same information to ensure consistency.
- Contact all parents to ensure that they hear about the incident directly from you and try to ensure that they are given the same information. Your local SfYC office will be able to offer advice and guidance.

List of local SfYC office telephone numbers

- Basingstoke and Deane office - 01256 359002 Email sfyc.bd@hants.gov.uk
- Hart and Rushmoor office – 01252 814770 Email sfyc.hr@hants.gov.uk
- East Hampshire office –01420 545691 Email sfyceh@hants.gov.uk
- Havant office - 02392 259906 Email sfycha@hants.gov.uk
- Gosport and Fareham office – 02392 244020 Email sfycfg@hants.gov.uk
- New Forest office - 023 8066 7360 Email sfyc.nf@hants.gov.uk
- Eastleigh and Winchester office - 023 8065 0034 Email sfyc.ew@hants.gov.uk
- Test Valley office – 01264 387443 Email sfyc.tv@hants.gov.uk
- SfYC Headquarters Winchester – 01962 847070 Email: childcare@hants.gov.uk
- SfYC website - <http://www.hants.gov.uk/childrens-services/childcare>

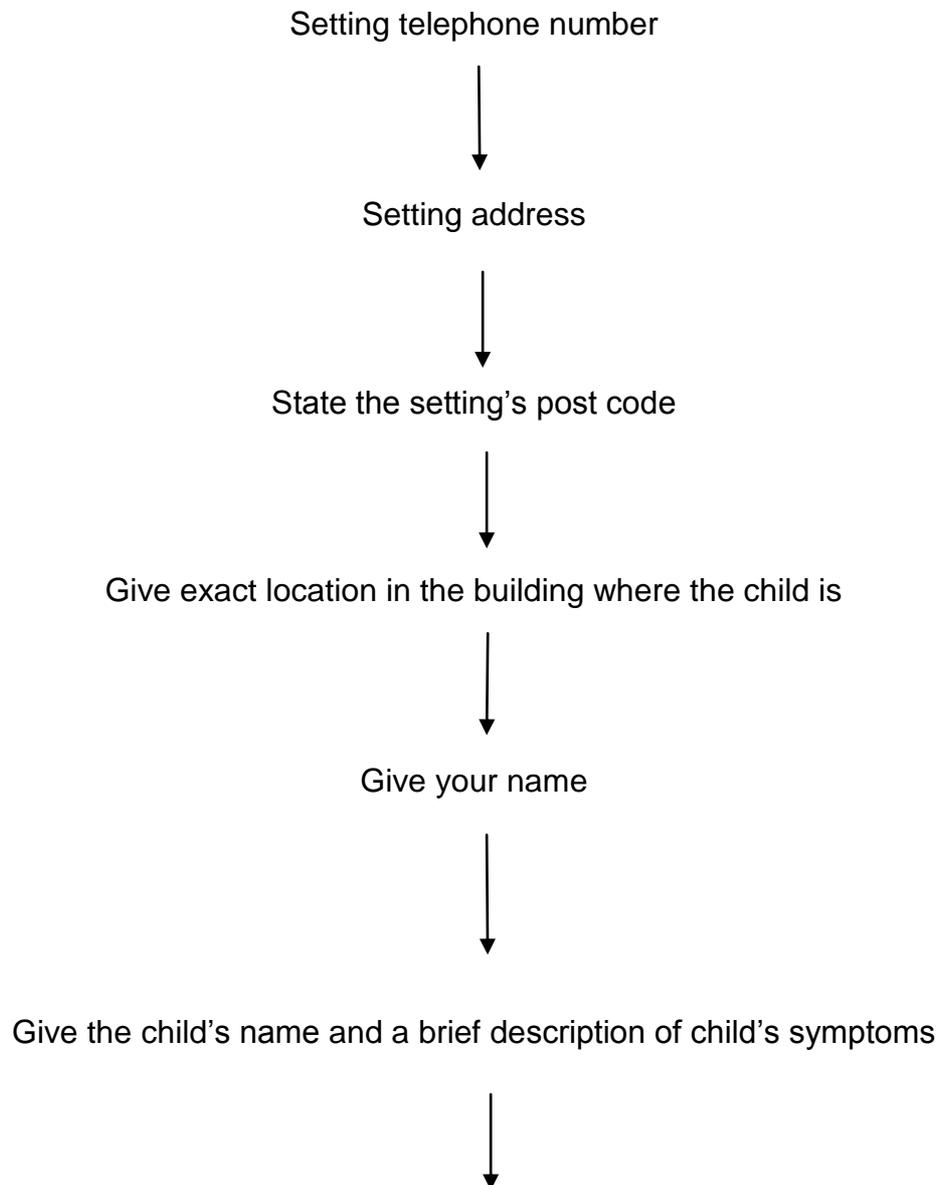
Critical incident response timeline

| Immediate | 30 minutes | 1 hour | Before the end of the session | At the end of the session/day | Ongoing |
|---|---|---|--|--|--|
| <p>Contact emergency services.</p> <p>Assess ongoing risk respond accordingly.</p> <p>Confirm roles and responsibilities in the setting.</p> <p>Check individual healthcare plan and admissions form for healthcare assessment and be ready to pass on any relevant information to the emergency services.</p> <p>Contact child's family.</p> <p>Manage the other children.</p> | <p>Gather coherent information.</p> <p>Contact Local SfYC office, They will put in place their communication protocol.</p> <p>Check on well-being of staff members. Ask those directly involved to make a written record of the incident.</p> | <p>Inform others:</p> <p>Ofsted</p> <p>Insurers: consider what can be shared with the media.</p> <p>Social Care</p> <p>Write factual report to supplement the record of the incident recording clearly the actions taken.</p> | <p>Decide whether information is to be shared with other parents/carers.</p> <p>Decide how information is to be shared.</p> <p>Prepare a script.</p> <p>Handover all children with a clear script – avoid speculation.</p> | <p>Bring all staff together.</p> <p>Check everyone is alright.</p> <p>Give a cup of tea.</p> | <p>Check with all staff how they are feeling on the following day and over time.</p> <p>Review procedures.</p> <p>Identify training needs.</p> |

Contacting Emergency Services

Requesting an ambulance

Dial 999, ask for an ambulance and be ready with the following information:



Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the child

Speak clearly and slowly and be ready to repeat information if asked

Bibliography

- Carlin, J. (2005) *Including Me: Managing complex health needs in schools and early years settings*. London.
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<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3#history>
<https://www.gov.uk/government/publications/working-together-to-safeguard-children>
- DFE (2017) Statutory Framework EYFS
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>
- DoH (2005) *Managing Medicines in Schools and Early Years Settings*. London: DfES Publications.
- Mortimer, H. (2002) *Medical difficulties*. Warwickshire: Scholastic Ltd.
- DFE Special Educational Needs and Disabilities (SEND)
<https://www.gov.uk/childrens-services/special-educational-needs>

Useful websites and contacts

- www.winstonswish.org.uk or 08088020021 for more information.
- www.childbereavement.org.uk or 0800 02 800 40 for more information.
- www.crusebereavementcare.org.uk or 0844 477 9400
- www.bacp.co.uk/public British Association of Counsellors and Psychotherapists.
- <http://www.lifechangescounselling.org.uk/> Southampton Area, Life Changes Counselling 023 8040 5569.
- www.simonsays.org.uk
- <http://www.hampshiresafeguardingchildrenboard.org.uk/>
- www.hants.gov.uk/education/schoolclosures/