Supporting Children with Medication and Medical Conditions in Early Years Settings

September 2024



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**Introduction**

This guidance aims to help you think about what you do to make sure children with medical needs receive appropriate care and support whilst in the setting, and where medicines are necessary to maintain the health of a child, they are given correctly and in accordance with legal requirements.

**Statutory Framework for the Early Years Foundation Stage (2024)**

Providers on the Early Years Register must meet the safeguarding and welfare requirements set out in the [Statutory framework for the early years foundation stage for group and school providers (publishing.service.gov.uk)](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2) and the [EYFS statutory framework for childminders (publishing.service.gov.uk)](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2).

**Medicines**

3.51/50: Providers/Childminders must promote the good health, including the oral health, of the children they look after.

3.52/51: They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection.

3.53/52: Providers/Childminders must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up to date. Staff /Childminders and assistants must have training if the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse, or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.54/53: Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers/Childminders must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day the medicine has been taken, or as soon as reasonably practicable.

**Guidance Templates**

We have provided guidance and templates within the appendices section. These include the following:

Appendix 1: Flow chart for implementing a health care plan

Appendix 2: Asthma and Pre-school Wheeze Guidance

Appendix 3: Template A - Individual healthcare plan

Appendix 4: Template B - Example letter inviting parent to contribute to a health care plan

Appendix 5: Template C pgs.1 & 2 - Parental agreement for setting to administer medication

Appendix 6: Template D - Record of medication administered to an individual child

Appendix 7: Template E - Contacting emergency services from a setting

Appendix 8: Template F - Contacting emergency services during an outing

Appendix 9: Useful guidance and websites

**Points to consider - Medication**

**Prescribed medicines**

* What is your procedure for managing prescription medicines that need to be taken during the session/day?
* Do you have a clear statement on parental responsibilities in respect of their child’s medical needs? Parents should provide full information about their child’s medical needs, including details on medicines their child needs. How do you do this?
* How do you meet the mandatory requirements for prior written consent from parents for any medicines to be given to a child?
* Do you ensure that prescribed medications are in date, labelled and provided in the original container as dispensed by a pharmacist and include the child’s name, instructions for administration, dosage and storage before you can accept them? The exception to this is Insulin, which must be in date, but is generally provided inside a pen or pump, rather than in its original container.
* Do you record all the information regarding the medication before administering it to the child? Is the form signed and witnessed by staff and acknowledged by the parents/carers?
* How do members of staff know where to access consent forms and details of administered medication? Are forms only completed by qualified members of staff?
* How do members of staff check and record when, how much and why a child has had medicine before attending the setting?
* How do you comply with any insurance requirements regarding the administration of medicines?
* What are your procedures for managing prescription medicines on trips and outings?
* Consider your procedure regarding a child that refuses to take their medication. Staff should not force a child to take medication but record the information and follow agreed procedures. What will these be?

**Non-prescribed medication**

* What is your policy regarding non-prescribed medication and what are the circumstances when non-prescription medication may be administered?
* Children under 16 should never be given medicines containing aspirin unless a doctor has prescribed that medicine for that child. Do you make this clear to parents and have consideration for this when putting in place your medication policy?
* The parent should consent to the administration of non-prescription medicines in appropriate doses, with written instructions about when the child/young person should take it. The setting must check when they had their last dose and ensure the child/young person has not already had the maximum amount in 24 hours, e.g. Paracetamol should not be administered if taken within the last 4 hours and no more than 4 doses in a 24-hour period.
* Where a non-prescribed medicine is administered to a child, the parent should be asked to sign the written record which you must complete, to confirm that they have been told that the agreed medication has been administered.
* If the setting decides to keep non-prescription medicines, there must be a written protocol in place. This must include the name of the medicine, the circumstances in which it may be administered, records of receipt including quantity, the current quantity stored, administration, monitoring of expiry dates and disposal.

**Carriage of medicines**

* Do you inform parents that all medicines should be brought to the setting by them or another responsible adult and handed to a named member of staff?
* Do you inform parents that they must bring in any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers?
* In respect of the carriage of oxygen, a risk assessment must be completed by a competent individual. This may be supported by the specialist nursing teams.

**Storage of medication**

* How do you store medicines safely and in accordance with the manufacturer’s storage instructions?
* Do you make sure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration?

This is normal pharmacy procedure when issuing all medicines:

* + Name of the child/young person
	+ Name of the medicine
	+ Strength
	+ Formulation Dose/frequency of administration
	+ Instructions for administration
	+ Date of dispensing
	+ Cautionary advice
	+ Quantity of the medicine
	+ Expiry date (if short dated)
* Medicines should only be accepted in the original container as dispensed by a pharmacist in accordance with the prescriber’s instructions. What would you do if this were not the case?
* How do you make sure that all emergency medicines, such as asthma inhalers and adrenaline pens, are readily available to staff to use them with the children?
* Other non-emergency medicines should be kept in a secure place not accessible to children.
* Consider that some medicines may need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines. Refrigerators should be between 2 and 8 degrees C, with temperatures routinely monitored.
* Advice on safe storage, temperatures, light, life span etc, can be obtained from community retail pharmacists (local chemists).
* Instructions regarding any specific requirements for the disposal of equipment/waste product, e.g. syringes, gloves, should be kept with the medication and equipment.
* Under no circumstances should any medicine be transferred into another container for keeping/storage.

**Disposal of medicines**

* Setting staff should not normally dispose of medicines, including controlled drugs when no longer needed, but should return them to parents. Parents are responsible for disposal of expired medicines or those no longer required. However, in exceptional cases where this may not be possible, settings are advised to take them to a local pharmacy for disposal. Community retail pharmacies will not receive sharps for disposal. Records must be made.
* Used Auto Adrenaline Injector (AAI) devices can be given to ambulance paramedics on arrival or disposed of in a pre-ordered sharps bin for collection by the local council <https://www.surreycc.gov.uk/waste-and-recycling/search-tool/healthcare-clinical-waste>.

**Healthcare plan**

**Guidance**

* Children with long-term and complex medical conditions may require on-going support, medicines or care during their time in an early years setting to help manage their condition and keep them well.
* Other children may require monitoring and interventions in emergency circumstances. It is also the case that children’s health needs may change over time in ways that cannot always be predicted. It is therefore important that parents feel confident that childcare providers will endeavour to give effective support for their child’s medical condition and that the child will feel safe.
* In making decisions about support they provide, providers should establish relationships with relevant local health services to help them understand children’s medical conditions and develop their confidence to manage the care required.
* It is crucial that providers receive and fully consider advice and views from parents, children and healthcare professionals. Therefore, it is important to implement an individual health care plan.
* The main purpose of a health care plan for a child with medical needs is to identify the level of support needed. Not all children with medical needs require a health care plan and a short-written agreement with parents may be all that is necessary.
* A health care plan clarifies for staff, parents and the child, the help that should be provided. The information about a child will come from parents, health professionals, medical practitioners and staff working with and observing the child’s needs.
* A health care plan should describe the child’s needs and how the staff, professionals and setting can best meet those needs. They should jointly agree with parents how often the health care plan is reviewed. It is advisable to do this at least termly or when necessary but will depend on the nature of the child’s particular needs; some would need reviewing more frequently. Staff should judge each child’s needs individually as children vary in their ability to cope with poor health or a particular medical condition.
* When reviewing a health care plan, you will need to gather information again and see what is/is not working, how this can be changed, if the child is happy and what other resources staff might need. Parents are your best source of information about their child’s needs. The plan should be shared with those who are part of the plan and must be displayed appropriately for all staff to follow
* Once a health care plan has been reviewed and updated, the old version should be filed away, and the new one displayed so that all current procedures are carefully followed and adhered to.

**Individual healthcare plans**

* How do you support children with long term medical conditions or with complex medical needs in your setting?
* Not all children will require an individual health care plan, but the setting should discuss with parents and health professionals whether this would be appropriate based on their knowledge and evidence.
* When you know that a child with a long-term medical condition or complex medical need is starting at your setting, do you set up a meeting with all the professionals involved to ensure a smooth transition so that you are prepared before the child starts?
* Do you check with your insurance provider, organise training for all your staff if needed and develop a health care plan in partnership with parents and health professionals?
* Do your individual health care plans include what to do in an emergency?
* Do you review the individual health care plan at least termly, or earlier if the child’s needs change?

**Parental consent for emergency treatment**

* What constitutes an emergency? What action will you take in an emergency? What will you not do in an emergency? Who will you contact in an emergency? What role will staff play?
* As part of general risk management processes, you should have arrangements in place for dealing with emergency situations. Where is this displayed?
* Do all staff know how to call the emergency services? It is advisable to have guidance on calling an ambulance displayed by the telephones and around your setting.
* Are all staff aware that they should never take children to hospital in their own car as it is safer to call an ambulance.
* Do all staff know what information they need to take with them to the hospital should they need to accompany the child? E.g. healthcare plan, medication, consent forms, contact details etc.
* Do you get consent from parents for emergency treatment before the child starts at the setting so that you are able to contact emergency services if there was a serious accident or incident involving their child?
* In the case of a serious accident or illness occurring, do you contact the parent immediately and take appropriate action? In the unlikely event of the parent not being available, who will assume charge?
* Do you get consent for a member of staff to accompany the child to the hospital in the ambulance and wait until the parent arrives? The member of staff accompanying the child/young person cannot give consent for any medical treatment, as they do not have parental responsibility for the child/young person.
* Consent is generally not required for any lifesaving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration.
* What contingency plans do you have in place in case the normal routine for treatment breaks down e.g., the trained staff members are absent?

**Staff training**

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children/young people with medical conditions. They will need an understanding of the specific medical conditions they are being asked to manage, any implications and preventative measures**.**

* Who will you contact to deliver this training? It is important to involve any relevant health professionals so that they can identify and agree the type and level of training required.
* How will you ensure training remains up to date?
* Do you have a clear statement on the roles and responsibilities of staff who manage the administration of medicines? Are medicines only administered by qualified members of staff, and if so, is this included in their contract of employment?

**Appendices**

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**Appendix 1: Flowchart for implementing a health care plan**

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**Appendix 2: Asthma and Pre-school Wheeze Guidance**

This guidance can support you with a policy and procedures to care for not only those with asthma but also for the growing number of children being prescribed with inhalers for other symptoms such as hay fever or coughs, yet not being diagnosed with Asthma.

Medications and Equipment:

There are two main types of inhalers that are often prescribed. These are:

* Preventer Inhalers:
	+ These take time to build up in the system. They help stop asthma symptoms developing by protecting the airways. When used regularly they can stop you feeling like you have any asthma symptoms. Children take this inhaler morning and night and do not usually bring to the Early Years Setting.
* Reliever Inhalers:
	+ These are the blue inhalers used to help relieve symptoms once they have started. This is the type of inhaler used during an asthma attack or when symptoms appear.

Spacers:

* Spacers should always be given to children under 5.
* Spacers help children get the right amount of medicine to their lungs.
* It is important to know how to use a spacer if a child in your setting has been prescribed one with their inhaler. [How to use an inhaler with a spacer.](https://www.beatasthma.co.uk/wp-content/uploads/2017/10/3-How-to-use-an-inhaler-with-a-spacer-2.pdf)
* Spacers should be replaced annually and cleaned regularly.

Things to consider:

* You should be welcoming children with asthma & other breathing complications in line with your standard admissions policy
* Ensure that children with asthma and those with pre-school wheeze can participate fully in nursery life
* Recognise that children with asthma and pre-school wheeze need immediate access to their inhalers and spacers
* Maintain a record of all children with asthma/pre-school wheeze and their medication
* Ensure an asthma friendly environment – children with asthma are often triggered by dust, pollen and pollution. For further information click [here](https://www.healthysurrey.org.uk/children-and-families/asthma-toolkit/parent-and-carer#triggers)
* Ensure **all** staff know what to do in the event of an asthma attack.

In order to achieve the above, the following guidance is recommended:

* All senior staff receive training, ensuring they are aware of how to deal with that child’s individual needs. Click [here](https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/) for free, online training.
* All staff have a clear understanding of the procedure to follow when a child has an asthma attack or has symptoms requiring their inhaler and spacer.
* Inhalers and spacers are stored in their original container, clearly labelled, and are inaccessible to the children but accessible to manager/deputy/senior practitioners when needed.
* Maintain a register of children with inhalers and spacers and individual children’s records with emergency treatment details on individual child’s care plans. These plans should be updated every 6 months or when changes are made
* Parents/carers must supply a labelled inhaler and a spacer.
* Parents/carers should provide written details (on a care plan and medication form) of the dose of reliever to be taken if the child has symptoms of asthma whilst at the early years setting following guidance from their GP
* Information should be dated and signed by the parents/carers.
* Parents/carers should notify the early years setting in the event of any changes.
* Details to be reviewed 6 monthly with parents/carers.

**In the event of asthma symptoms**:

* Bring the inhaler and spacer to the child, **not** the child to the inhaler and spacer.
* Calm the child as much as possible to maximise the benefit from the inhaler technique.
* Ensure that the correct number of puffs of the reliever inhaler with spacer are taken according to their action plans immediately. Sit the child upright wherever possible.
* If symptoms do not resolve, continue to give puffs according to individual action plans
* Stay calm and reassure the child. Stay with the child until the symptoms are resolved.
* If the symptoms resolve and as soon as they feel better, the child can return to normal nursery activities.
* If symptoms do not respond to the inhaled medication move to **asthma attack** in the next paragraph
* The child’s parents must be informed of the inhaled medication given and confirmed in writing so that this information can also be passed onto the child’s GP. This should include where and when the attack took place (e.g. area of nursery and what activity), what medication was given and how much was given.

**Asthma attack:** Give 10 puffs of the reliever inhaler with spacer and call the ambulance urgently if:

* The child is either distressed or unable to complete a sentence.
* The child is getting exhausted.
* The child is breathing hard and fast and may be making a wheezing sound.
* The child is using rib and neck muscles to breathe, and the tummy may be sucking in deeply.
* The child’s lips are blue.
* You have any doubts at all about the child’s condition.
* Continue to give the blue reliever inhaler until help arrives or symptoms subside. **Safety:** The drug in blue inhalers used to relieve symptoms of asthma is very safe and can be used as per the child’s emergency action plan or as directed by the 999-call handler. If a large amount is taken, they may experience some side effects. Side effects include increased heart rate and muscle tremor but are short lived and do not cause any long-term effects. (Asthma UK 2013)

Trips and Outings: When leaving the building on trips or outings it is the responsibility of the trained members of staff participating in the trip to ensure that any reliever inhalers and spacers are taken with the child.

**Template A: Individual healthcare plan**

EYFS 3.53 Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date.

|  |  |
| --- | --- |
| Name of setting |  |
| Child’s name |  |
| Group |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |  |  |  |
| Review date |  |  |  |  |
| **Family Contact Information** |  |
| Name |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| Name |  |
| Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |

|  |  |
| --- | --- |
| Who is responsible for providing support in the setting |  |

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

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

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Daily care requirements

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Specific support for the child’s educational, social and emotional needs

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Arrangements for setting visits/trips etc

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Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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Who is responsible in an emergency *(state if different for off-site activities)*

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Plan developed with

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Staff training needed/undertaken – who, what, when

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|  |

Form copied to

|  |
| --- |
|  |

Manager/teacher name: ……………………………Signature:………………………………

Date:

Parent/carer Name:…………………………………Signature:………………………………

Date:

**Template B: Example letter inviting parents to contribute to individual healthcare plan**

Dear Parent

Thank you for informing us of your child’s medical condition. I enclose a copy of the setting’s policy for supporting children with medical conditions for your information.

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

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

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. If you wish to discuss this further please contact the setting by email or phone on the contact details below.

Yours sincerely

**Template C pg. 1: Parental agreement for setting to administer medication**

|  |  |  |
| --- | --- | --- |
| Child’s Name  |  | Insert a photo |
| Date of Birth  |  |
| Emergency Contact Details |
| Name  |  |
| Phone Number |  |
| Relationship to child  |  |
| Name  |  |
| Phone Number |  |
| Relationship to child  |  |
| Diagnosis Information |
| Do I have a diagnosis? |  |
| What do adults need to be aware of in relation to this? |  |
| Medical Information  |
| What medication do I take? |  |
| Do I have any emergency medication? If yes what  |  |
| Who in the setting is trained to administer my medication? |  |

**Template C pg. 2: Parental agreement for setting to administer medication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name  |  | Date of Birth |  | Emergency Phone Numbers |  |
| Medication Information  |
|  | Medication 1 | Medication 2  |
| Name of Medication *As shown on prescription label*  |  |  |
| Dose to be given *As shown on prescription label*  |  |  |
| Form of Medication *E.g. tablet, syrup, cream, inhaler*  |  |  |
| Route to be given *E.g. mouth, injection, topical*  |  |  |
| Time to be given  |  |  |
| Can this medication be repeated?*If yes, when?* |  |  |
| How will we know it has worked?*Emergency Medication* |  |  |
| Any further information |  |  |
| Parental Consent  |
| Parent/Carer Name  |  | Parent/Carer Signature |  | Date  |  |

**Template D : Record of medication administered to an individual child**

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| **Medication Administration Record** |
| Child’s Name  |  |
| Medication Sign In | Medication Sign Out |
| Date  | Time to give  | Name of medication  | Dose  | Expiry Date | Time/Date last given  | Time given / refused / not required  | Given By (name & signature) | Witness (name & Signature) | Parent/Carer Signature |
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**Template E: Contacting emergency services from the setting**

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| **Contacting the emergency services from the setting** |
| **Dial 999 and ask for an ambulance – be ready with the information below** **Speak clearly and slowly. You may be asked to repeat information.**  |
| Setting Telephone Number *this is in case you get cut off*  |  |
| Your name  |
| Setting Location  |  |
| State the postcode *Be aware if you need to give a different postcode for a sat nav*  |  |
| Provide the exact location of the individual within the setting  |
| Provide the name of the individual and a brief description of their symptoms  |
| Inform ambulance control of the best entrance to use – send someone out to flag down the ambulance and bring the crew to the individual  |

**Template F: Contacting emergency services during an outing**

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| **Contacting the emergency services during an outing**  |
| **Dial 999 and ask for an ambulance – be ready with the information below** **Speak clearly and slowly. You may be asked to repeat information.**  |
| Telephone number you are calling from *this is in case you get cut off*  |  |
| Your name  |
| Location *Do you know your location? Have you downloaded What Three Words App – this can give you the precise location* |  |
| State the postcode *Be aware if you need to give a different postcode for a sat nav – You could also use the What Three Words app*  |  |
| Provide the exact location of the individual  |
| Provide the name of the individual and a brief description of their symptoms  |
| Inform ambulance control of the best entrance to use – where possible send someone out to flag down the ambulance and bring the crew to the individual  |

**Useful guidance documents and website links:**

Statutory Framework Early Years Foundation Stage (EYFS) - <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

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

Medical conditions and education - Surrey

<https://www.surreylocaloffer.org.uk/parents-and-carers/health/medical-conditions-and-education>

First Aid in schools, early years and further education

<https://www.gov.uk/government/publications/first-aid-in-schools/first-aid-in-schools-early-years-and-further-education>

**Useful websites**

Children and Family Health Surrey

[Home :: Children and Family Health Surrey (childrenshealthsurrey.nhs.uk)](https://childrenshealthsurrey.nhs.uk/)

Health and Safety Executive (HSE) <http://www.hse.gov.uk/contact/contact.htm>

Department of Health (DOH) [www.dh.gov.uk](http://www.dh.gov.uk) 0207 210 4850

Ofsted: [www.ofsted.gov.uk](http://www.ofsted.gov.uk) 0300 123 1231

**Allergies**

Allergy UK Helpline: 01322 619898 <https://www.allergyuk.org/for-industry-and-education/schools-early-years/>

Paediatric Allergy Action Plans

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Guidance for creating a policy around the use of emergency auto-injectors

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

The Anaphylaxis Campaign Helpline: 01252 542029 <https://www.anaphylaxis.org.uk/education/allergywise-for-early-years-settings-information/>

**Asthma**

Beat Asthma [Home - Beat Asthma](https://www.beatasthma.co.uk/resources/families-children/)

**Diabetes**

Diabetes UK Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm) <https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes>

**Epilepsy**

Epilepsy Action Freephone helpline: 0808 800 5050 <https://www.epilepsy.org.uk/professional#row-fc-8>

**Meningitis**

Meningitis Research Foundation Freefone helpline 0808 800 3344

[www.meningitis.org/](http://www.meningitis.org/)

**Skin Conditions**

National Eczema Society Helpline: 0800 089 1122 (Mon-Fri 10am to 4pm) <https://eczema.org/information-and-advice/information-for-parents-and-children/>

Psoriasis Association Tel: 01604 251 620 <https://www.psoriasis-association.org.uk/children-and-psoriasis>

**Other conditions**

Shine for Spina Bifida and Hydrocephalus Tel: 01733 555988 (Mon-Fri 9am to 5pm) <https://www.shinecharity.org.uk/advice-for-parents/new-parents-pack>

Cystic Fibrosis Trust Helpline: 020 3795 2184 or 0300 373 1000 <https://www.cysticfibrosis.org.uk/life-with-cystic-fibrosis/parents-and-children>

**Useful Organisations**

Council for Disabled Children Tel: 020 7843 6000 <https://councilfordisabledchildren.org.uk/about-us>

Contact for Families with disabled children Helpline: 0808 808 3555 [www.contact.org.uk/](http://www.contact.org.uk/)

National Children’s Bureau

[https://www.ncb.org.uk/resources/equality-act-2010](https://www.ncb.org.uk/resources/all-resources/filter/inclusion-send/disabled-children-and-equality-act-2010-what-0?gad_source=1&gclid=EAIaIQobChMI4bnfo_bRiAMV5pZQBh0--BtnEAAYASAAEgJkwvD_BwE)

Hyperactive Children’s Support Group Tel: 01243 539966 <https://hacsg.org.uk/>

MENCAP Helpline: 0808 808 1111 <https://www.mencap.org.uk/advice-and-support/children-and-young-people/support-children-special-educational-needs-sen>