

HEALTH CONDITIONS IN EDUCATION SETTINGS

Supporting

children & young people

A GUIDE FOR EARLY CHILDHOOD EDUCATION SERVICES AND SCHOOLS

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Foreword

From the Deputy Secretary (Special Education)



Tēnā koutou kātoa

Health conditions in education settings: supporting children and young people aims to give readers a starting point for developing, reviewing or adapting policies and procedures that support children and young people with health conditions. It highlights the important part we all play in supporting and caring for them.

It also reminds us that good health condition management is a core part of effective teaching. Knowing more about a child's health means educators are better placed to adapt and tailor their teaching practice.

This guide, while primarily aimed at staff working in early childhood education (ECE) services and schools, is also for parents and caregivers. It has been written for ECE service and school staff to share with families/whānau, acknowledging the important part they play in supporting and caring for children and young people with health conditions.

Having the opportunity to regularly attend and engage in learning in an ECE service or school is crucial for all children.

Crucial too is the role of ECE services and schools in ensuring this happens. Their policies and procedures, their relationships with their communities and their commitment to the children and young people enrolled with them are all important.

The Ministry of Education, in turn, provides ECE services and schools with some of the information and support needed to fulfill their roles. This resource is part of that responsibility.

I encourage ECE services and school staff to take time to read it and to turn its ideas and information into something that works well for all the people – children, young people, families, whānau and staff – in the education community.

Nāku noa, nā

Barbara Disley
Deputy Secretary (Special Education)
Ministry of Education

Introduction

At some point in their lives, almost all children and young people will need some care and support to manage their health while attending their early childhood education (ECE) service or school.

For most, this will be a brief experience. A child or young person might need to finish a course of antibiotics or apply a lotion. For others, the experience of having their health managed will form an integral part of each and every day. These children are likely to need a health care plan.

For these children and young people, having ready access to the right care and support will make all the difference – enabling them to participate and engage in learning.

All ECE services and schools will need policies and procedures in place to identify if a child or young person needs a health care plan. For example, an ECE service's policy might cover children whose health conditions are life-threatening or whose conditions require regular medication.

ECE services and schools will also need to determine the extent to which staff are involved and have the right skills, knowledge and understanding.

This guide, while it briefly touches on policy development, mainly focuses on the development and implementation of procedures and putting policy into practice.

It is a good idea to develop or adapt relevant policies and procedures in consultation with the wider community. Parents/caregivers know their child better than anybody else. Developing strong relationships among staff, parents and health professionals will ensure children and young people with health conditions can participate and engage in learning.

ECE services and schools will also need to ensure health policies and procedures help them meet their legal responsibilities. Schools, for example, are guided by the Education Act 1989, which sets out (among other things) enrolment and attendance obligations. Meanwhile, both the early childhood and school sectors also look to human rights, health and privacy legislation and the New Zealand Disability Strategy for information relevant to policies and procedures.

Many ECE services and schools will already have adequate policies and procedures in place to ensure health conditions are well managed. If that's the case, this guide will help staff check they are on the right track.

For those that don't, this guide intends to outline – in general terms – how to support children and young people with health conditions.

This resource is not a comprehensive guide to understanding and managing all conditions. But it is a reminder of the important role you play and the range of things you can do to ensure children and young people have the same opportunities as their peers to participate and engage in learning.

chapter 1

**Getting to grips with policy
and practice**



What is a health policy?

A health policy is a set of broad goals that outline the approach an ECE service or school will take to support children and young people with health conditions.

Policy goals are commonly expressed in detail in ECE service or school procedures. Procedures should be practical, easy to implement, and ensure all children with health conditions receive the care and support they need to attend regularly and engage in learning.

Talk to families and whānau, seek the advice of health professionals and refer to the legal framework and requirements relevant to your sector as you develop, review or adapt your policy and procedures.

Who needs a health policy?

All ECE services and schools must provide healthy and safe environments. Having a health policy and procedures in place will help you achieve what's needed.

Who implements a health policy?

Principals in schools or persons responsible in ECE services and their staff have primary responsibility for day-to-day policy implementation. ECE management and school boards of trustees (boards), however, have overall responsibility for setting and monitoring the way policies are carried out in practice.

Who needs to know?

It is important to keep your community updated on your health policy and procedures. Do what you can to make sure everyone knows what is involved and where to go for more information. Think about including information about your policy and procedures in a newsletter or discuss your policy at a parent fono, hui or meeting. Policy information may also feature in charters and management plans.

Strong relationships lead to success

BUILDING strong relationships among school staff and parents has been a vital part of 18-year-old Jamie's¹ success at secondary school.

Jamie has Asperger syndrome and intractable complex epilepsy. He's a keen student, studying towards his National Certificate of Educational Achievement (NCEA).

Jamie commonly experiences seizures lasting up to three minutes, yet attends school most days thanks to the excellent support from staff in the special education unit where he learns.

His principal says: "Jamie's parents have been amazing in helping us understand how best to support Jamie. First, they approached us before he was enrolled to give us his relevant history, as well as a range of practical information about managing his health conditions."

"They've also played a major role reviewing our school-wide health policy and developing a health care plan for Jamie. We've been able to rely on Jamie's neurologist and GP for occasional support too, thanks to the willingness of Jamie's parents to foster that relationship."

Today, Jamie's teachers and school nurse are all trained to know exactly what to do should an emergency arise.

¹Not his real name or photo. This student's details have been changed for privacy reasons.



chapter 2

**Clarifying roles and
responsibilities**



Why be clear about roles and responsibilities?

Clarifying roles and responsibilities will help ensure your health procedures are implemented well and children and young people with health conditions at your ECE service or school are well supported. Noted below are some general principles to think about.

Who determines roles and responsibilities?

At school: principals and boards of trustees.

In ECE services: ECE governing bodies and persons responsible.

You'll also need input from your wider communities. Talk to health professionals such as your school nurse or your local public or primary health nurse.

It is important to talk about roles and responsibilities before you finalise your health procedures. Give people an opportunity to share ideas and discuss who is best able to do what and when. Consult widely. Consider setting up a meeting.

Whatever your approach, think about the points listed below.

- ▲ Have you clearly identified how, when and in what circumstances everyone will contribute?
- ▲ Does everyone have the right skills? What additional training is required for staff to confidently manage a child's health conditions? How can the appropriate health workers be contacted to provide training?
- ▲ Is everyone clear about who'll do what during emergencies in the playground or during outings and trips?
- ▲ Have the roles and responsibilities of parents and caregivers been adequately clarified?
- ▲ Have you thought about drafting a conflict/disagreement resolution plan in case of disagreement?

Who needs to know?

Ensure everyone knows their roles and responsibilities as they relate to your health procedures – from your relieving teachers through to your school's office administrator and visiting specialist teachers eg, the resource teachers: learning and behaviour (RTLb) and specialist staff from the Ministry of Education, Special Education (GSE).

Self-administration leads to partnership

ENCOURAGING Donald² – an energetic four-year-old with type 1 diabetes – to work alongside kindergarten staff to monitor his blood glucose levels has proved an excellent move.

Kindergarten staff struggled to effectively monitor Donald's sugar levels – he wasn't comfortable having his food consumption checked or having staff administer finger pricks.

But with coaching from the District Health Board diabetes educator things changed.

The head teacher explains: "The diabetes educator did an awesome job training us to supervise Donald doing his own finger pricks and monitoring his own sugar levels – it was an excellent outcome for both him and us. We became partners in his health condition management, not adversaries."

Kindergarten staff still play a hands-on role, but they do it in a less intrusive and more collaborative way, says the head teacher.

For example, staff help Donald check his blood glucose levels, prompted by a handy stove timer set to ring – just once – every session. They also observe Donald's eating from a distance and check his lunch box before he goes to play.

Each day Donald is supervised by a teacher who knows his behaviour well and can see when he's hypoglycaemic or needs an extra snack to see him through a bit of vigorous exercise.

²Not his real name or photo. The child's details have been changed for privacy reasons.



Who does what?

Who	What (role/responsibility)
ECE governing bodies and school boards	<ul style="list-style-type: none"> ▲ Take legal responsibility for health and safety and having all the necessary policies and procedures in place. ▲ Employ skilled and trained staff.
Persons responsible in ECE services, and school principals	<ul style="list-style-type: none"> ▲ Implement policy and develop procedures. ▲ Work with the relevant people to clarify and agree roles and responsibilities. ▲ Keep records that show how staff are meeting health policy goals, procedural requirements and exercising duty of care. ▲ Make day-to-day decisions relating to the health procedures. ▲ Manage staff training.
Teachers and other staff (eg, school nurses)	<ul style="list-style-type: none"> ▲ Help develop health procedures. ▲ Understand the health conditions of the children and young people in their care. ▲ Understand roles and responsibilities. ▲ Participate in relevant training. ▲ Monitor student attendance and refer to other agencies when required eg, a Regional Health School. ▲ Know where to go and who to talk to for more information.
Parents and caregivers	<ul style="list-style-type: none"> ▲ Meet and discuss their child's health conditions before enrolment to allow an ECE service or school as much preparation time as possible. ▲ Provide information about health conditions and how those needs are managed and responded to.

Who	What (role/responsibility)
Parents and caregivers continued	<ul style="list-style-type: none"> ▲ Talk to an ECE service or school about a parent's role in supporting their child eg, taking part in health care planning. ▲ Advise an ECE service or school of health conditions that arise after enrolment. ▲ Provide the school board or ECE governance body with relevant input into their health care policy. ▲ Take part in regular meetings and discussions, as necessary.
Children and young people (where appropriate)	<ul style="list-style-type: none"> ▲ Take part in regular meetings and discussions. ▲ Self-medicate, where appropriate. ▲ Understand what to do in emergencies.
Regional Health Schools	<ul style="list-style-type: none"> ▲ Teach students unable to attend their regular schools because of long-term illness.
Health professionals	<ul style="list-style-type: none"> ▲ Provide general information, advice and training. (Specific training courses are available for staff. Check availability with your local health specialist). ▲ Provide support through public and primary health nurses, school nurses, community health workers, iwi and Pacific health providers, nurse educators, District Health Boards, Primary Health Organisations (PHOs), a child's GP, paediatrician and so on. ▲ Communicate and share information.

Who	What (role/responsibility)
Ministry of Education staff (inclusive of Special Education (GSE))	▲ Provide ECE services and schools with information, facilitation and support, including speech-language therapy, physiotherapy, occupational therapy and so on.
Support organisations	▲ Provide advice and information to ECE services and schools about best practice and available support.

‘Pitching in’ the key for primary school

DRAWING from the wide range of expertise and knowledge within the community makes the job of managing children’s health conditions easier at one Auckland primary school.

The school has a high proportion of students aged five to 11 with health conditions. Yet ensuring those students have the same opportunities as their peers to attend school and engage in learning is possible thanks to the school community working together and sharing information.

Parents help teachers use specialised equipment such as catheters. Staff, in turn, train their colleagues to do the same, with guidance from the local public health nurse. Teacher aides share their in-depth understanding of students’ particular needs with relief teachers as soon as they arrive at school.

Local general practitioners (GPs) and public health nurses are regular visitors to the school and every week staff get together to talk about their students’ health conditions at the staff meeting.

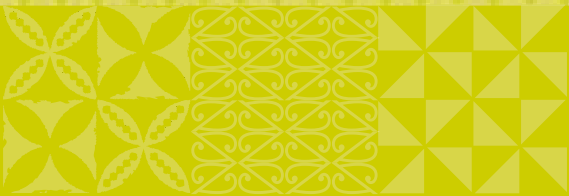
Teachers keep students’ health care plans on hand as standard practice. And all plans are illustrated with a student’s photo and stored centrally.

The principal explains: “We all take the education of our kids seriously. At the same time we recognise that we don’t have to shoulder that responsibility alone – we can all pitch in and help one another.”



chapter 3

Drafting a health care plan



What is a health care plan?

A health care plan identifies a child's health conditions and the support he or she needs. You might add a health care plan to a child's individual education plan (IEP), if there is one, or keep it separate – whatever works best in your ECE service or school.

Who needs a health care plan?

Many children and young people identified as having health conditions will need a health care plan.

Health conditions may be chronic or acute, short term, ongoing or spasmodic. The nature, frequency and intensity of a child's health conditions and the ways you intend to manage those needs should be documented in their plan.

A child with occasional asthma is unlikely to need a plan. But a young person who relies on a specialised medical appliance such as a tracheostomy tube or insulin pump or who has allergies that can result in anaphylactic shock is likely to need a detailed health care plan.

Think about using the following criteria for drafting health care plans. A child attending an ECE service or school is likely to need a plan if:

- ▲ their condition could be life-threatening
- ▲ their condition could require hospitalisation
- ▲ regular medication needs to be administered
- ▲ regular monitoring is needed
- ▲ their learning environment needs regular control/adaptation
- ▲ their activities need to be managed or restricted
- ▲ they have to be absent from an ECE service or school regularly because of their health condition.

Refer to appendix 2 for ideas about drafting a health care plan.

Caring for Jacob changes practice

STAFF at an ECE centre have learned a lot about managing allergies since three-year-old Jacob⁵ enrolled.

Jacob is a very active, confident little boy with eczema and severe allergies. He carefully avoids egg, peanut and wheat because a tiny amount can lead to a life-threatening reaction called anaphylaxis.

Yet with the right care and support, he's been able to attend his local centre since he was a baby.

Before Jacob's first day, centre staff met Jacob's parents to talk through his needs.

Jacob's parents provided staff with Jacob's specialist health care plan, detailing all his allergies, what to look for and how to treat anaphylaxis. They also agreed to work with a local public health nurse and the centre manager to train staff.

Today centre staff know how to reduce the risks to Jacob's health and understand what to do in an emergency.

The centre manager explains: "We've all learned how to use an EpiPen – a special adrenaline injection. And we keep our knowledge updated by having regular discussions, carrying out research and using allergy guidelines developed specifically for the ECE sector."

Centre staff make and use wheat-free playdough, thanks to finding a suitable recipe on the Allergy New Zealand website. Risky foods aren't allowed at the centre, eating is supervised and all children wash and dry their hands before and after eating to avoid contaminating toys or play equipment.

"We've tried to make our centre a positive and safe place for Jacob," says the manager. "He loves coming here and we love having him."

⁵Not his real name or photo. The child's details have been changed for privacy reasons.



Who writes a health care plan?

Principals in schools and persons responsible in ECE services, with input from a child's wider support team, write health care plans.

It is a good idea to meet to talk about a child's health conditions before finalising their health care plan. Give people an opportunity to share ideas and discuss who is best able to do what and when. You might find for example, that a child's family and health professionals have already developed a plan and that you can simply adapt it to suit your context.

The initial meeting

At the first meeting consider inviting:

- ▲ children and young people with health conditions
- ▲ parents, family/whānau, caregivers
- ▲ relevant teachers/ECE educators
- ▲ management
- ▲ other staff such as Regional Health School teachers (if the child is on their roll)
- ▲ key health workers such as a public or primary health nurse, school nurse or nurse educators
- ▲ appropriate medical specialists.

When drafting a health care plan pay careful attention to:

- ▲ the views and needs of family/whānau members
- ▲ their expectations for care, supervision and treatment
- ▲ the resources available to support the child
- ▲ any barriers to overcome for their child to regularly attend a service or school.

Working with families/whānau

To ensure a successful meeting think about the points below.

- ▲ Families/whānau may have particular cultural, social and economic needs that will have an impact on the approach you take.
- ▲ Ask families/whānau for any information needed to identify and manage barriers to their children's learning.

- ▲ A child's family and whānau may feel stressed and vulnerable. Making them welcome depends on developing a positive relationship in a sensitive manner.
- ▲ Be aware of the need for confidentiality when personal and intimate details are shared.

General preparation

- ▲ Plan for a child's transition from home to an ECE service, from an ECE service to school, from primary to intermediate and from intermediate to college.
- ▲ An ECE service or school may have existing policies, procedures and systems relating to all children and young people in their care. How do the health conditions of this particular child fit within existing systems? Will procedural changes be required? What are the management and resource implications of any changes? Are any property modifications required?
- ▲ Do staff know about the types of health conditions identified? Do they need professional development or other support to manage the health conditions?
- ▲ Should your service or school set up generic emergency training so all staff know what to do in the event of an emergency?

Who needs to know?

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A child's health information is confidential. Talk to a child's family/whānau to decide how many others need to know about the health condition to ensure the child's safety.

You might decide a child's classroom teacher and classmates may need to know about a child with asthma, for example. For a child with life-threatening allergies, it might be best that all staff, children and parents know about his or her health condition. That way an ECE service or school may reduce or even avoid having foods containing the allergen on the premises and can prepare well for emergencies.

Talk to a child's family/whānau about confidentiality issues and ways to ensure information is available to people who need it. Refer to appendix 2 for ideas about managing information.

Please take my health condition seriously, says Stella

TALK to eight-year-old asthmatic Stella⁴ and you'll quickly realise many kids with health conditions can do anything – and sometimes that can be a problem.

Since she was tiny, Stella has been allergic to dust, mould and pollen – all of which affect her asthma. She's hospitalised at least three times a year because of her asthma and she's also allergic to some antibiotics that give her an anaphylactic reaction.

Her asthma keeps her awake at night, making her late and tired for school. Stella is often wheezy and short of breath.

Yet Stella achieves well at school and is a keen tree climber, swimmer and soccer player. She recently took part in the cross-country.

Her main challenge, she says, isn't doing things other kids can do. It's getting teachers to take asthma seriously because most of the time she looks and copes just fine.

"I'd like teachers to trust me more. One teacher didn't believe I was wheezy – it wasn't until she heard the sound I was making that she believed me."

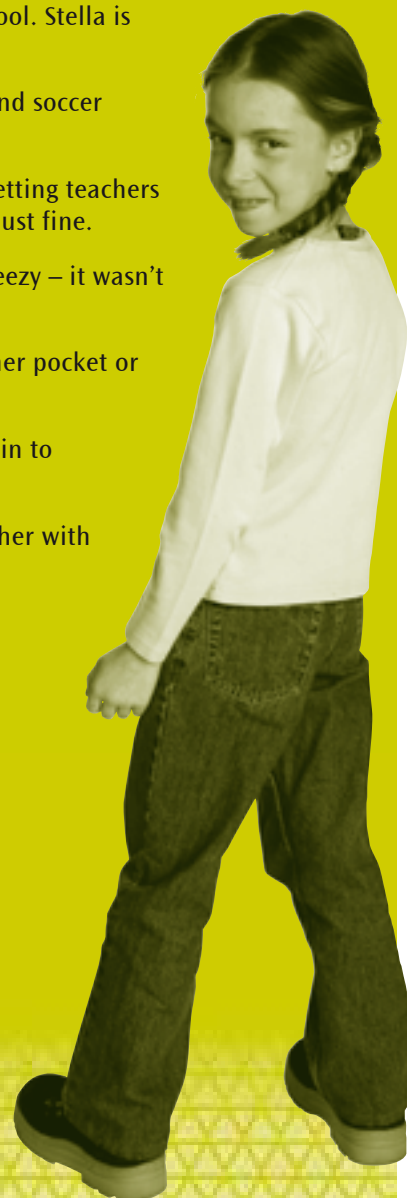
Stella tends to manage her health condition by carrying medication in her pocket or bag and taking it out when she needs it. And she's happy with that.

What she'd really like is for teachers to acknowledge the effort she puts in to managing her health condition.

Maybe they could offer support now and again too. They could provide her with school work when she's in hospital, for example.

After all, Stella hates to get left behind.

⁴Not her real name or photo. The child's details have been changed for privacy reasons.



Whānau expertise creates understanding

TALKING to a school assembly about spina bifida was one way a concerned grandmother sought acceptance for her 15-year-old mokopuna (grandchild).

Hinewehi⁶ spoke at her moko's high school to help students and staff understand why he was in a wheelchair and to stress that he didn't need to be treated like an invalid.

Her presentation had a big effect. It enabled the school community to better support her grandson and to foster his love of sport. Today he plays indoor basketball and recently took part in a regional kapa haka competition.

"It's true, his world is different to others – but he doesn't see himself as having special needs," says Hinewehi.

⁶Not her real name or moko's photo. The grandmother's details have been changed for privacy reasons.



chapter 4

Understanding the basics



How do I support a child with a health condition?

Supporting a child with a health condition might seem daunting at first. In time, staff will feel more confident as they develop the relevant skills and as their knowledge and understanding grows.

Listed below are some practical tips to keep in mind as you manage a child’s medication and support children and young people with health conditions. Refer to appendix 2 for ideas about collecting, storing and sharing information about a child’s health condition.

Topic	What to keep in mind
Access	<ul style="list-style-type: none">▲ Seek agreement (from the relevant people) to make medication accessible to the children and young people who use it.
Administration of medication	<ul style="list-style-type: none">▲ Find out if having medication administered outside of school hours is an appropriate alternative, eg, medication needing to be taken three times a day could be taken in the morning, after school and at bedtime. Keep in mind that relevant health professionals will need to be consulted before changes are made to administration times.▲ Refer to the relevant legislation and documentation for information about supply, possession and administration of medication.▲ Check labels include a child’s name, the medication name, the prescribed dose, the expiry date and any written instructions provided by the prescriber – such as the time of day the medication is to be administered and any side effects. Plan to review medication expiry dates.▲ Discuss concerns about a child’s medication with a child’s parents, caregivers and health professionals before administering medication.

Topic	What to keep in mind
Administration of medication continued	<ul style="list-style-type: none"> ▲ Administer medication with parental permission, ensuring medication administration aligns with your ECE service or school policy and procedures, as standard practice. ▲ Administer medication from its original dispensing container. ▲ Give doses as specified. ▲ Record all cases of administering medication. Develop a school or ECE service medication log. This log could be in the form of individual records or a list of all medication administered across the school, or both. ▲ Consider having one centralised place for all records. ▲ Develop procedures for administering medication without written parental permission eg, in the case of an emergency. ▲ Develop an emergency plan and ensure staff know what to do in an emergency.
Disposal	<ul style="list-style-type: none"> ▲ Return date-expired medication to parents to return to a pharmacy for safe disposal. ▲ Put needles in special containers (sharps boxes) before disposal. Ask parents and caregivers to get sharps boxes from an appropriate health professional and arrange for appropriate disposal when full.
Education Outside the Classroom	<ul style="list-style-type: none"> ▲ Have all children participate safely and enjoyably. ▲ Involve parents, caregivers and health professionals in outing and trip planning. ▲ Develop agreed procedures with parents and health professionals for managing risks around trips. Involve parents as supervisors where appropriate.

Topic	What to keep in mind
Education Outside the Classroom continued	<ul style="list-style-type: none"> ▲ Ensure medication is available to children when they need it. ▲ Be aware of a child's or young person's privacy needs. ▲ Ensure supervisors have the right skills and knowledge.
Emergencies	<ul style="list-style-type: none"> ▲ Link emergency and first aid policies and procedures and ensure all staff, including relievers, know what to do in an emergency. ▲ Outline in all health care plans how a child's health conditions should be managed in an emergency – understanding that emergency situations include natural disasters and civil defence emergencies. Develop procedures for managing medication misuse, and assessing and managing medication risk. ▲ Help children identify an emergency situation and understand how to respond eg, for them to tell staff. ▲ Know who will be responsible for a child's medication decisions in a parent's or caregiver's absence. ▲ Provide ready access to emergency medication such as asthma inhalers, adrenaline pens and glucagon injections, if appropriate. ▲ Know who to contact for emergency cover in the absence of an ambulance in rural areas.

Topic	What to keep in mind
Extra support	<ul style="list-style-type: none"> ▲ Check a child's eligibility for the School High Health Needs Fund (SHHNF) or other special education support through the Ministry of Education website (Special Education) or your nearest Ministry of Education, Special Education (GSE) office. ▲ Children with health conditions enrolled in ECE services may also be exempt from rules governing absences. Refer to the ECE funding handbook or contact the Ministry of Education.
Self-administration	<ul style="list-style-type: none"> ▲ Help children and young people to manage and take responsibility for their own medication over time, if appropriate. ▲ Think about the appropriateness of having a child or young person carry and manage their own medication. ▲ Involve staff, parents, caregivers, health professionals and children themselves in decisions about how and when self-administration might occur. ▲ Identify the best person to supervise self-administration, as required.
Storage	<ul style="list-style-type: none"> ▲ Store medication in strict accordance with product instructions, paying particular attention to temperature and storage instructions noted on the original medicine container.

Topic	What to keep in mind
Storage continued	<ul style="list-style-type: none"> ▲ Clearly label all medication with a child's name, medication name, medication dosage and dosage frequency and so on, wherever possible. ▲ Keep all medication in original containers, separate from other medicines, wherever possible. ▲ Tell children where their own medication is stored and how to get it. ▲ Seek advice about medication storage from a local pharmacy.
Travel	<ul style="list-style-type: none"> ▲ Accompany a child taken to hospital and stay until a parent or caregiver arrives. ▲ Check a student's eligibility for special education school transport assistance with the Ministry of Education, Special Education (GSE).

Parent involvement makes the difference

THE PARENT of three-year-old Reuben³ highly recommends giving kindergartens the time and information they need to prepare well for children with health conditions.

Reuben has a growth disorder, requiring a gastrostomy tube. He needs his blood sugar monitored, regular feeding and has a moderate language delay and mild gross motor delay.

“Before Reuben enrolled, I provided staff with clear written information about his condition, what they needed to be aware of, how his condition is managed and what to do in an emergency,” says Reuben’s mum.

She also organised for a public health nurse to come and talk about Reuben’s condition in more detail, outlining how staff should feed Reuben using a tube fixed to his stomach.

The information meant the kindergarten was well prepared for her son from his first day.

“From the staff perspective, having such an open relationship with Reuben’s mum has made a huge difference. We have been able to talk candidly about things like other parents’ and children’s interest in how Reuben’s being fed and so on,” says the kindergarten head teacher.

Openness is part of the kindergarten’s culture, too. Reuben is fed on the couch in the main playroom in the company of his peers and their parents. People are welcome to watch and ask questions.

“Children were fascinated at first. Now it’s just an every day occurrence; we no longer focus on feeding, instead it’s about getting together to enjoy a story on the couch,” the head teacher says.

³Not his real name or photo. The child’s details have been changed for privacy reasons.



chapter 5

Gathering information



Why gather information?

Understanding the health conditions of the children attending your ECE service or school is important. The more you know about a child's health condition the better your ability to provide support and suitably adapt your teaching practice.

Gaining an understanding of health conditions and how best to manage them will no doubt involve gathering information from a wide range of sources. Talk to parents or whānau. Parents will have first-hand experience, as well as knowledge gained from working with health professionals. Talk to your local GP, nurse or health professional. Refer to legislation, and carry out your own research.

Listed below are some useful resources.

Where could I look for more information?

The 'kidshealth' website is a great place to go for information about children's health conditions. The site is a joint initiative between the Starship Foundation and the Paediatric Society of New Zealand. Find it at:

▲ www.kidshealth.org.nz

Listed below are other useful websites to check out. Talk to health professionals for their advice about the validity and use of websites not listed here.

Topic (material)	Resource
AIDS/HIV	▲ www.nzaf.org.nz
Allergies and anaphylaxis	▲ www.allergy.org.nz ▲ www.allergy.org.au
Asthma	▲ www.asthmanz.co.nz ▲ www.asthma.org.nz ▲ www.asthmaaustralia.org.au
Bleeding disorders	▲ www.haemophilia.org.nz
Bowel/bladder dysfunction (eg, toileting issues, Crohn's disease, colitis, inflammatory bowel disease)	▲ www.keea.org.nz ▲ www.ccs.org.nz
Congenital heart disease	▲ www.heartchildren.org.nz ▲ www.cincinnatichildrens.org ▲ www.childrensheartinstitute.org ▲ www.nlm.nih.gov/medlineplus
Cystic Fibrosis	▲ www.cfnz.org.nz
Diabetes (type 1 and 2)	▲ www.diabetesyouth.org.nz ▲ www.diabeteskidsandteens.com.au

Topic (material)	Resource
Head/brain injury	<ul style="list-style-type: none"> ▲ www.head-injury.org.nz ▲ www.brain-injury-nz.org ▲ www.chw.edu.au
Health (general)	<ul style="list-style-type: none"> ▲ www.moh.govt.nz ▲ www.everybody.co.nz ▲ www.nlm.nih.gov/medlineplus ▲ www.minedu.govt.nz
Health schools	<ul style="list-style-type: none"> ▲ www.nhs.school.nz ▲ www.centralregionalhealth.school.nz ▲ www.southernhealth.school.nz
Illness from cancer, medication and treatments	<ul style="list-style-type: none"> ▲ www.cancernz.org.nz ▲ www.childcancer.org.nz ▲ www.canteen.org.nz ▲ www.leukaemia.org.nz ▲ www.cancerbackup.org.nz
Kidney disorders	<ul style="list-style-type: none"> ▲ www.kidneykids.org.nz
Lung disorders (eg, cystic fibrosis, bronchiectasis)	<ul style="list-style-type: none"> ▲ www.cfnz.org.nz
Parent support and health needs information	<ul style="list-style-type: none"> ▲ www.parent2parent.org.nz ▲ www.parentandfamily.org.nz
Rare disorders	<ul style="list-style-type: none"> ▲ www.nzord.org.nz ▲ www.parent2parent.org.nz ▲ www.parentandfamily.org.nz
Seizures and epilepsy	<ul style="list-style-type: none"> ▲ www.epilepsy.org.nz ▲ www.epilepsy.org.uk ▲ www.efa.org
Severe lack of breath (because of lung and/or heart conditions)	<ul style="list-style-type: none"> ▲ www.asthmanz.co.nz/chroniclung-disease ▲ www.copdx.org.nz ▲ www.nhf.org.nz ▲ www.cincinnatichildrens.org ▲ www.childrensheartinstitute.org
Skin diseases	<ul style="list-style-type: none"> ▲ www.dermnetnz.org.nz

School systems work well for students with health conditions

GOOD record keeping is a vital part of student success at a North Island primary school.

The school stores information about children's health conditions on their student management system, a computerised database.

Staff say having access to computerised information means they can quickly and easily check on a student's health no matter where they're teaching within the school. The biggest challenge, they say, is keeping the information up-to-date.

"This year we surveyed all our families about their children's health conditions and medication needs. Parents were really responsive, so it was a great success. Now we're planning to do the survey every year," says one teacher.

The school's student management system also helps teachers check if a student's condition is mild, moderate or severe. It files detailed health care plans for students who have serious health conditions, noting the consultation carried out to date and the support available from parents, caregivers and health professionals.

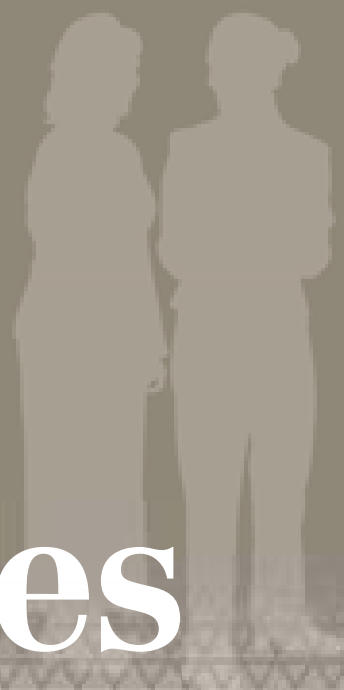
"I've used the database to double-check my practice, find a family member's contact details and to organise staff training – it's a one-stop-shop of student information," the teacher says.

Yet onscreen database information is not the only way the school shares information about student health. Sometimes good old-fashioned paper comes in handy too.

Copies of all health care plans, with children's photos attached, are printed and filed in the school office – out of public sight – but readily accessible if and when staff need them.



Appendices



Appendix 1: Legal framework

Read legislation online at:

- ▲ www.legislation.govt.nz

Read circulars online at:

- ▲ www.minedu.govt.nz/goto/circulars

School

Enrolment

Education Act (1989)

- ▲ Provides that children aged between five and 19 have a right to enrol in a state school (s.3).
- ▲ Requires parents to make sure their children are enrolled (s.24).
- ▲ Says children with: “special educational needs have the same rights to enrol and receive education at state schools” as other children (s.8).
- ▲ Provides that enrolment rights are subject to enrolment schemes, immigration status, and suspension/expulsion processes.
- ▲ Says parents and the Ministry of Education may agree that a child should be enrolled in a special school (s.9).

New Zealand Bill of Rights Act (1990)

May be relevant in situations where:

- ▲ enrolment may involve modifying property or making specialist services available. Schools should work with the Ministry to determine what is required
- ▲ students need to have medication administered at school. Principals should work with parents to determine how this can be done.

Health and Safety in Employment Act (1992)

- ▲ Does not prevent schools from enrolling children with health conditions.
- ▲ Places duties on school Boards to take all practicable steps to ensure that no hazard in the school harms employees or other people in the vicinity of the school.

Attendance

Education Act (1989)

- ▲ Requires students to attend school whenever it is open unless they are exempt (s.25).
- ▲ Says school principals can exempt students from attendance only in limited situations (ss.25B and 27).

Code of Health and Disability Services Consumers’ Rights

- ▲ Confers rights on people who receive health and disability services – includes the right to give informed consent.
- ▲ Schools providing services to children and young people with health conditions may be subject to the code.

Safety

National Education Guidelines (1993) and the National Administration Guidelines (1 iv & 5 i, ii)

- ▲ Says schools must provide a safe physical and emotional environment for students.

Ministry of Education Health and Safety Code of Practice for State and State-integrated Schools specify conditions that apply to school land and buildings.

Conditions include:

- ▲ requirements for safe access to buildings for everyone including disabled teachers and students
- ▲ requirements for first aid facilities.

Circular 1997/29. The Administration of Prescribed Medication by School Staff in Non-emergency Situations

- ▲ Provides guidance to Boards on administering prescribed medication to students.
- ▲ Says students have a right to receive prescribed medication in school hours if this enables them to access education.
- ▲ Says staff concerns should be discussed with their employers.

Crimes Act 1961

- ▲ In an emergency, school staff have a legal duty to provide the necessities of life, which could include providing first aid until medical professionals arrive (s.151).
- ▲ Staff would not be expected to perform emergency medical procedures but they may have to carry out basic first aid to the best of their ability.

Information sharing

Privacy Act (1993) and the Health Information Privacy Code

- ▲ Allows schools to collect information about students when they enrol and can share some information with agencies such as the Ministry of Education.
- ▲ Schools need to make sure that when they share personal information they comply with the Privacy Act, or where the personal information is information about a child's health, they comply with the code.

Early childhood education (ECE)

Enrolment

Enrolment is at the discretion of ECE service management, but management must comply with:

- ▲ Human Rights Act (1993)
- ▲ Education (Early Childhood Centres) Regulations (1998), or
- ▲ Education (Home-Based Care) Order (1992).

Attendance

ECE services may be subject to the Code of Health and Disability Services Consumers' Rights if they provide services to children with health conditions.

- ▲ ECE services must provide appropriate activities for children with special education needs (reg 32).
- ▲ Home-based services must ensure that if a child has a disability, premises do not inhibit the child's developmental needs (clause 36).
- ▲ Children may attend part-time depending on the service's enrolment policy and what the service and the parent/s have agreed to.
- ▲ Children with health conditions may be exempt from rules governing absences in ECE services. Refer to the ECE funding handbook or contact the Ministry of Education.

Safety

Early Childhood Regulations/Home-Based Care Order

- ▲ Says services are not able to administer medication unless they have a parent's written authority (reg 28(6)(b) and clause 5(25)).
- ▲ Says services must maintain first aid facilities and ensure that a staff member has first aid knowledge (reg 25 and clauses 3(32) and 3(33)).

Circular 2001/15. Guidance for the Administration of Prescribed Medication in Early Childhood Services

- ▲ Provides guidance to services on this issue.

Crimes Act 1961

- ▲ In an emergency, staff have a legal duty to provide the necessities of life, which could include providing first aid until medical professionals arrive (s.151).
- ▲ Staff would not be expected to perform emergency medical procedures but may have to carry out basic first aid to the best of their ability.

Information sharing

Privacy Act (1993) and the Health Information Privacy Code

- ▲ Allows ECE services to collect information about children when they enrol and share some information with other agencies.
- ▲ Services need to make sure that when they share personal information they comply with the Privacy Act, or where the personal information is information about a child's health, they comply with the code.

Education (Early Childhood Centres) Regulations 1998

- ▲ Services are required to keep medication records and health care plans for seven years (reg 35 f & g).

Appendix 2: Example health care plan form and attachments

Here is an example health care plan (with attachments) that readers might like to adapt and use. Enlarged versions of these forms can be found at www.minedu.govt.nz/goto/healthguidelines

Health care plan for [child's or student's name]
at [early childhood education service or school]

Time period covered by this plan:

from ____/____/____ to ____/____/____

Personal/health condition details:

Name of child or young person:

Age at 01/01/__: __ yr __ m

Date of birth: ____/____/____

Gender: _____

Health condition or diagnosis:

.....
.....
.....

Child/student has the following symptoms or health needs:

.....
.....
.....

What child/student must not do because of his or her health condition:

.....
.....
.....

Daily care needs at early childhood education service/school: people, tasks, equipment:

.....
.....
.....

Family/whānau contact/s:

Parent #1:

Name:

Address:

Home phone: Work phone:

Mobile:

Parent #2:

Name:

Address:

Home phone: Work phone:

Mobile:

Other caregiver/family/whānau contact:

Name:

Address:

Home phone: Work phone:

Mobile:

Health/medical contact/s:

Keyworker:

GP:

Specialist/s:

Hospital:

ECE service or school contact/s:

Key staff members:

Classroom number/s and relevant timetable information:

.....

Emergency procedures:

An emergency is when:

.....

Emergency action (who does what):

.....

Emergency phone/contact:

Critical information for emergency services (event, location, name of caller, response required):

.....

.....

Follow up care required:

.....

Where copies of the emergencies procedures are kept (who has a copy):

.....

.....

The following forms can be attached to the health care plan:

See example attachment:

Required

(a) Contacting emergency services

Yes ☐ No ☐

(b) Medicine administration and parent permission

Yes ☐ No ☐

(c) Information sharing plan

Yes ☐ No ☐

(d) Self-administration agreement

Yes ☐ No ☐

(e) Staff training plan

Yes ☐ No ☐

See notes about other attachments to develop:

Medication log

Yes ☐ No ☐

Medical report

Yes ☐ No ☐

Conflict/disagreement resolution plan

Yes ☐ No ☐

Example attachment (a): contacting emergency services

Request for an ambulance

Remember to speak clearly and slowly and be ready to repeat information if asked. Put this information by the telephone. Dial 111, ask for ambulance and be ready with the following information:

1. Your telephone number:
2. Your location/RAPID no. (service/school address):
3. Your postcode/RAPID no:
4. Your exact location within the service or school:
5. Your name:
6. The name of the child or young person and a brief description of their symptoms:
.....
7. A description of the best entrance for an ambulance and say the ambulance crew will be met and taken to the child or young person who needs their help:
.....
.....

Example attachment (b): parent and staff agreement for service/school to administer medication

ECE service/school and child/young person information

Name of ECE service or school:

Name of child or young person:

Child or young person's date of birth: Group/class/form:

Health condition:

Medical information:

Medication name/type (as described on the container):

Date dispensed: Expiry date:

Dosage and method:

Times to be given:

Special precautions:

Side effects:

Self-administration: Yes ☐ No ☐

Emergency procedures:

GP/health professional information

Name:

Daytime telephone:

Parent/caregiver information

Name:

Address:

Daytime telephone:

Work telephone:

Mobile:

Relationship to child:

Signatures

EITHER

I (ECE service manager/principal) understand that a designated staff member must deliver the medication personally to (name of child/young person).

It is agreed that (name of child/young person) will receive (quantity and name of medication) every day at (time/frequency).

OR

..... (name of child/young person) will be supervised while he or she takes medication by (name/s of staff member).

This arrangement will continue until (either end date of course of medication or until instructed by parents/caregivers).

Signature (ECE service/principal): Date:

I (print name of parent/caregiver) understand that I must notify the ECE service/school of any changes in writing. I agree for the ECE service or school to administer medication.

Signed: Date:

Example attachment (c): information sharing plan

Name of ECE service or school:

Name of child or young person:

Information to be shared as agreed by parent or caregiver:

.....

How information is to be shared as agreed by parent or caregiver:

.....

Where information is to be shared as agreed by parent or caregiver:

.....

Staff signature:

Signature of parent/caregiver:

Example attachment (d): self-administration agreement

This form is a request for a child/young person to carry his/her own medicine. It must be completed by parents/caregivers.

Name of school/setting:

Child's/young person's name:

Group class/form:

Address:

Name of medicine:

Emergency procedures:

Primary contact's name:

Daytime phone no:

Relationship to child:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: Date:

Example attachment (e): staff training plan

Name of ECE service/school:	
Staff name:	
Type of training received:	
Name of medication/equipment/procedure:	
Date training completed:	
Training provider:	
Profession and title:	
I confirm that (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (state how often):	
Trainer's signature:	Date:
I confirm that I have received the training detailed above.	
Staff member's signature:	Date:

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Other attachments to develop

It is good practice to keep:

- ▲ a log of the medication administered to a child (a medication log)
- ▲ filed copies of a child's medical reports (a medical report file)
- ▲ a description of the process for resolving conflict or disagreements (a conflict/disagreement resolution plan).

Medication log

Develop an ECE service or a school medication log that notes when medication is administered to children and young people individually or across the school, or both.

Medical report file

A medical report file should include all the reports a child has been provided by his or her health professionals.

Conflict/disagreement resolution plan

Health care plans should document the process for resolving conflict or disagreement.

Appendix 3: Glossary of terms

Adrenaline autoinjector, eg, EpiPen®	A disposable, pre-loaded automatic injecting device that delivers <i>one</i> measured dose of adrenaline. The EpiPen is for people who have severe allergic reactions (anaphylaxis). The device has been designed to be self-administered or administered by people without formal medical or nursing training.
Allergy	An allergy is an adverse immune system response to a normally harmless substance, such as food or pollen.
Anaphylaxis	The most severe type of allergic reaction that can be life-threatening if not treated quickly with an adrenaline injection. Anaphylaxis can result in breathing difficulties and/or shock within minutes or (rarely) hours later.
Asperger syndrome	Life-long developmental disability affecting social and communication skills.
Asthma	A condition that causes over-sensitive airways in the lungs to react to triggers that don't affect other people. Airways can tighten, partially close up, swell inside and make more mucus, making it hard to breathe in and even harder to breathe out.
Asthma inhaler	Enables children and adults to deliver medicine directly to their lungs to open up airways.
Catheter	A tube inserted into the body to allow drainage or injection of fluids or access by surgical instruments.
Diabetes (type 1)	A condition that occurs in people who do not make insulin and is the more common form of diabetes in children. It results when the immune system destroys cells in the pancreas, stopping insulin production and leaving the body unable to use glucose for energy. To stay alive and maintain good health, daily management involves balancing, simultaneously, multiple injections of insulin with carbohydrate intake and exercise.
Diabetes (type 2)	This condition occurs in people, young and old, who can still make insulin but whose production is sluggish or whose body is resistant to it. Having a family member with type 2 diabetes, combined

Diabetes (type 2) continued	sometimes with being overweight, is the key risk factor of this disease. Type 2 diabetes can often be managed with weight loss and regular exercise. But sometimes medication in the form of tablets or insulin is needed.
District Health Board (DHB)	The governing body responsible for providing and funding the provision of health and disability services to district populations.
District health nurse	Nurses working in primary health care or community nursing roles within their communities.
Early Childhood Education (ECE) services	A variety of services that make up the ECE sector, including kindergartens, playcentres, crèches, childcare centres, kōhanga reo, preschools, a’oga amata, puna reo, early intervention services and so on.
Epilepsy	Disorder of the central nervous system that can result in seizures (from benign to intractable).
Finger pricks	The process to get a drop of blood to use in a blood glucose meter to test blood glucose.
Gastrostomy tube	A feeding tube that is inserted through an incision in the abdomen directly into the stomach.
Glucagon injection	A life-saving injection used when a child with type 1 diabetes becomes unconscious or has a seizure due to severe hypoglycaemia. The injection contains glucagon, a hormone that raises the level of blood glucose by stimulating the release of glycogen from the liver.
Hypoglycaemia	This condition occurs when the blood glucose level falls below the level the body and brain needs to sustain normal functioning. Hypoglycaemia can occur suddenly, at any time. It requires urgent treatment with glucose to avoid unconsciousness.
Individual Education Plan (IEP)	A plan developed for children and young people with special education needs. The plan outlines a child’s education goals, as well as the timeframe, support and resources available to help a child meet those goals. The plan includes monitoring and evaluation processes.

Insulin pump	Equipment to continuously administer insulin in the management of diabetes.
Ministry of Education	The Ministry of Education (Te Tāhuhu o te Mātauranga), is the primary state sector organisation of New Zealand responsible for New Zealand's education system. The Ministry's role is to raise the overall level of educational achievement and reduce disparity.
Ministry of Education, Special Education (GSE)	The Ministry of Education, Special Education (GSE), together with schools and early childhood education services, provides services to children and young people in New Zealand with special education needs.
Neurologist	Physician specialising in neurology or science of the nervous system.
Nurse educator	A registered nurse who teaches and supports people with specific conditions, eg, diabetes, asthma.
Occupational therapy	Interventions by an occupational therapist to help individuals develop, regain or maintain the skills to perform tasks necessary for participation in all facets of daily living.
Paediatrician	Specialist in the care of babies and children.
Paediatric Society of New Zealand	A not-for-profit charitable organisation committed to improving the health of children and young people.
Physiotherapy	Interventions by a physiotherapist to help individuals develop, maintain and restore maximum movement in order to be as independent as possible in all areas of their lives.
Primary health nurse	A registered nurse with knowledge and expertise in primary health care practice including population health, health promotion, disease prevention and wellness care.
Primary Health Organisation (PHO)	A new way of arranging health care in the community to make sure people get the first level health care they need. PHOs involve doctors, nurses and other health professionals (such as Māori health workers and health promotion workers).

Public Health Nurse	Nurses who provide Well Child care for school-aged children and who work closely with communities. They also focus on primary prevention and health promotion.
Regional Health School	Three schools for students (wherever they are) with significant health difficulties who cannot attend their local school because they are in hospital, recovering at home, or gradually returning back to school. Based in Auckland, Wellington and Christchurch.
Resource teacher: learning and behaviour (RTLb)	Specialists employed by schools to support classroom teachers working with students with moderate learning and behaviour needs.
School	The variety of schools that make up the state and state-integrated school sector, including primary, intermediate, area and high schools, wharekura, kura kaupapa Māori and so on.
School nurse	Registered or supervised enrolled nurses, based on site, who provide holistic healthcare to the school community.
School High Health Needs Fund (SHHNF)	This fund is for paraprofessional (teacher aide) support for students with high health needs who require care and supervision to attend school safely.
Sharps box	A container providing safe disposal of needles, lancets etc.
Special education facilitator	Ministry of Education staff who help develop relationships between families and schools and resolve relationship conflict.
Speech-language therapy	Interventions by a speech-language therapist for individuals with a communication difficulty. This may include difficulties with speech, language cognition (thought processes), social interaction and feeding (chewing and swallowing).
Starship Foundation	A charity set up to champion the health needs of New Zealand children. The foundation provides additional equipment, support and help to the patients, families and staff at Starship Children's Health.
Tracheostomy	Surgical creation of a hole into the windpipe for mechanical breathing.

