



Supporting Pupils with Medication Conditions



Approved by: THE GOVERNING BODY

Last reviewed on: October 2025

Next review due by: October 2026

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1. Aims

At The Stonebridge School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named people with responsibility for implementing this policy are Leena Pacquette (Headteacher), Tracy Halpin (Welfare Officer), Nasreen Iqbal (Assistant Headteacher & SENDCo) and Preesha Lachani (Deputy Head).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the DFE.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the implementation of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Is responsible for training / arranging training for support staff in Emergency First Aid / Paediatric First Aid / 3 day at Work First Aid

3.2 The deputy headteacher

The deputy headteacher will:

- Direct the welfare officer to contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the School Welfare Officer.
- Direct the welfare officer to ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure there is an up-to-date risk assessment and personal evacuation plan where necessary.
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs

3.3 School Welfare Officer

- Will ensure day to day and ongoing support for pupils with medical and health needs, including those with IHP's children who are unwell during the school day and children with dietary needs.
- Is responsible for liaising with parents and carers in regard of short- and longer-term illnesses and conditions, from a health and school attendance perspective.

- Is responsible for ensuring that the school record 'Medical and other concerns' and 'Children's Allergies' (for the kitchen) is updated as new information is provided, and the document is re-dated throughout. Where new information is added, the relevant information is communicated to relevant staff including SLT / LA's / relevant class teachers BFC / ASC as appropriate, via school email, and to designated areas in the building (main office, EYFS office, kitchen, First Aid room).
- Is responsible for updating the photo sheet (see Appendix 3) for children with life-threatening conditions which is available in the medical room cabinet **marked life-saving medication**.
- Is responsible for alerting the school community to all matters regarding community health and Wellbeing.
 - Is responsible for liaising with the school nurse for the annual statutory training for asthma and EpiPen training.
 - Make sure that all staff who need to know are aware of a child's condition
 - Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
 - Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
 - Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
 - Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
 - Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
 - Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

For pupils with IHPs, the Welfare Officer is responsible for:

- Ensuring that all relevant staff are fully briefed with regard to pupils who have IHP i.e. know what constitutes an emergency for that pupil (emergency symptoms / procedures) and how to respond accordingly, as outlined in the care plan
- Annually reviewing the IHP with parents (in September) and following up any mid-year changes raised with relevant health professionals
- Following health professional's guidance on any updates / implementation of new health care plans during the school year
- Monitoring the implementation of IHPs and drawing upon health care professionals as and when the need for further advice / training is required
- Ensuring that, for school visits, holidays etc. the relevant school adults are fully briefed, regarding pupils who have IHPs, and that copies of the IHP are distributed to those staff involved plus the group leader
- Ensuring an IHP is in place within a two-week time frame, where pupils are new to school or existing pupils have new conditions are in the process of diagnosis the school
- Liaising with relevant healthcare professionals e.g. school nurse, specialist or community nurse or pediatrician, to draw up, in partnership with relevant school staff, parents and child, to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who takes the lead in drawing up the plan, but the school is responsible for ensuring it is finalised and implemented (see appendix 1 for Model process for developing Individual Health Plans)
- Assisting the pupil's transition to a new school by advising and sharing information when appropriate
- Cover arrangements are in place in the case of absence of the adults carrying out medical procedures and that these adults are aware of any alerting 'triggers, signs and symptoms' linked to the medical

conditions

- Whenever possible, staff turnover is planned for regarding pupils with EHCPs and IHPs.
- Suitable training is in place and refreshed appropriately as advised by health care professionals e.g., medical, hoisting, moving, and handling
- IHPs include information on SEN if the pupil does not have an ECHP and IHP information should form part of an EHCP

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process (appendix 1) will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. Parents must provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are always contactable. We will:

- For new starters, parents and carers are asked about medical conditions during the induction meeting by The Admission Officer (Sharon Moore) and the Welfare Officer is informed about medical conditions on the same day by the Admissions Officer. The Welfare Officer then makes contact with the parents and has a meeting to ensure all processes are in place before the child starts school. send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. In her absence, the Deputy assumes this responsibility.

The day-to-day responsibility has been delegated to Welfare Officer with assistance from the Assistant Head & SENDCo where relevant.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom
- Resources needed
- Training needed

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. This will be determined by the healthcare professional:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent
- The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date

- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Procedures for the administration of medication

- The Welfare Officer is responsible for the administration of medication once the parental consent form has been completed.
- Only the welfare Officer will be involved in administering the medication. In her absence, a first aid trained member of staff that is covering for her will administer the medication.
- The Welfare Officer is responsible for keeping a record of the administration of medication. They will only be required to do so if they have had appropriate training. If the asthma pump is taken with another adult, they must inform the Welfare Officer.
- The Welfare Officer is responsible for keeping a record of all the medication held on the premises and keeping the record up to date.
- Teachers should not administer medication unless they volunteer to and / or when they accompany children on a day visit or residential visit. In such a case, teachers should only volunteer if they have been suitably trained, or if the administration of the medication requires no special training and this has been agreed by the headteacher.
- Although it is the parents' responsibility to complete the appropriate forms for the administering of long-term medication and to keep the school informed of any changes, the school will always support parents to complete forms. However, no medication will be accepted in school without a signed consent form.
- The Welfare Officer will make all teachers and relevant support staff aware of children with ongoing medical conditions and those requiring medication.
- It is the Head Teacher's responsibility to ensure that staff who administer medication are suitably trained.

When administering medication, practice is as follows:

- Refer to written instructions received by the school from a GP or Chemist
- Check the name
- Check the prescribed dose
- Check expiry date
- Check the prescribed frequency of the medicine
- Measure out the prescribed dose and check the child's name again (for liquid medicines parents should provide measuring spoons)
- Enter details on Medical Tracker of when the child has been given the medicine (what has been given, when it was given, dosage and any side effects to be noted).
- If there are any uncertainties do not give the medicine but check with the child's parents or doctor.
- Medication for long term/ongoing treatment e.g. asthma, is checked monthly. The school will inform a parent when the medication is approaching its 'use by date' or is running out. This is recorded on Medical Tracker.

- The Welfare Officer monitors EYFS medication records monthly and records this on the Medicine Cabinet Check List.

7.2 Storage of medication

- Medicines are stored in the container supplied and must be clearly labelled with the name of the child, instructions for usage and expiry date.
- Reception has additional life-saving medication in their locked medical cupboard. Second doses are kept in the main medical room. This is the same for after-school and breakfast clubs.
- Some medicines may need to be kept in the lockable fridge e.g. liquid antibiotics, insulin. In line with LA guidance (Sept 2012), these medicines must be placed in a suitable separate container for each child, with the container clearly labelled with name of child, class and name of medicine.
- All medicines must be in a secure place e.g. with the children concerned and all staff aware of how to access this
- Asthma medication is readily available to children and must not be locked away.
- Any unused or out of date medication should be returned to the parent/guardian or to the local pharmacy.

7.3 Employees' Medicines

- Staff may need to bring medicine to school. They have clear personal responsibility to ensure their medicines are not accessible to children. A locked cabinet is available in the Medical Room.

7.4 Life threatening conditions (including Epi Pens)

- Any children diagnosed as requiring an Epi Pen in the EYFS will have two Epi Pens. One will be kept in the EYFS First Aid room and the other will be kept in the main school welfare room.
- Any children diagnosed as requiring an Epi Pen in Key Stage 1 and Key Stage 2 will have them stored in the welfare room in the main school.
- Photo / information sheet containing all the 'Need to Know' children i.e. those with Anaphylactic / severe allergies / severe asthma / Epilepsy needs is available in the welfare room and on the display boards in the main hall (main office entrance).

7.5 Staff Protection

- All staff must wear protective gloves (available in medical room and every First Aid box) where contact with blood or other body fluids is unavoidable
- Any material (cotton wool, bandages) coming into contact with blood or other body fluids should be disposed of in the special bin (yellow bag) in the medical room.

7.6 Sporting Activities

- Most children with medical conditions can participate in the P.E. curriculum. Some children may need to take precautionary measures before or during exercise and will be allowed immediate access to their medication to support this.

7.7 Before & After School / Enrichment Clubs

- Application forms for these clubs contain information regarding medical needs.
- Staff who oversee these clubs are briefed on pupil needs and know where keys to medication are kept.
- Qualified First Aid staff are available on the premises to deal with incidents requiring medical attention.
- The Duty SLT member oversees this.

7.8 School Visits / off site activities

- All school visits require a designated person to be responsible for the First Aid arrangements. It is not a requirement for this person to have a First Aid qualification although the school endeavours to do so, taking into account the size of the group, the nature of the activity the likely injuries and how effective first aid would be, as well as the distance of the nearest hospital.
- EYFS school visits are compliant with the HSE guidance that at least one person who has a current paediatric certificate must accompany children on outings.
- A suitably stocked First Aid kit and appropriate medications for individual pupils are supplied for all off-site visits.
- Risk assessments are carried out prior to all off site visits, according to the Educational Visits Policy (see Appendix 4 for risk assessment pro-forma). Group and individual health care needs are identified on the group risk assessment and appropriate provision is made for implementing IHPs, as well as staff health care needs.
- Group risk assessments must include the names of pupils with medical needs and an indicator of the medical need e.g. asthma, low immune system, diabetes, EpiPen (including those who have their own IHP / individual risk assessment), and also the names of staff with medical needs (these risk assessments are labelled as 'confidential').

7.9 School Transport

The local authority is responsible for transporting pupils with IHPs / disabled pupils to and from school. Liaison with them is strong regarding individual children's needs.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher and Welfare Officer. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

EYFS Information

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. This is determined by Brent who act as the school's employer. The school ensures liability Insurance certificates are displayed where appropriate.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Welfare Officer in the first instance. If the Welfare Officer cannot resolve the matter, they will direct parents/carers the headteacher or Deputy headteacher and if still cannot be resolved, the family will be directed to the school's complaints procedure.

13. Monitoring arrangements

It will be reviewed and approved by the governing board every two years.

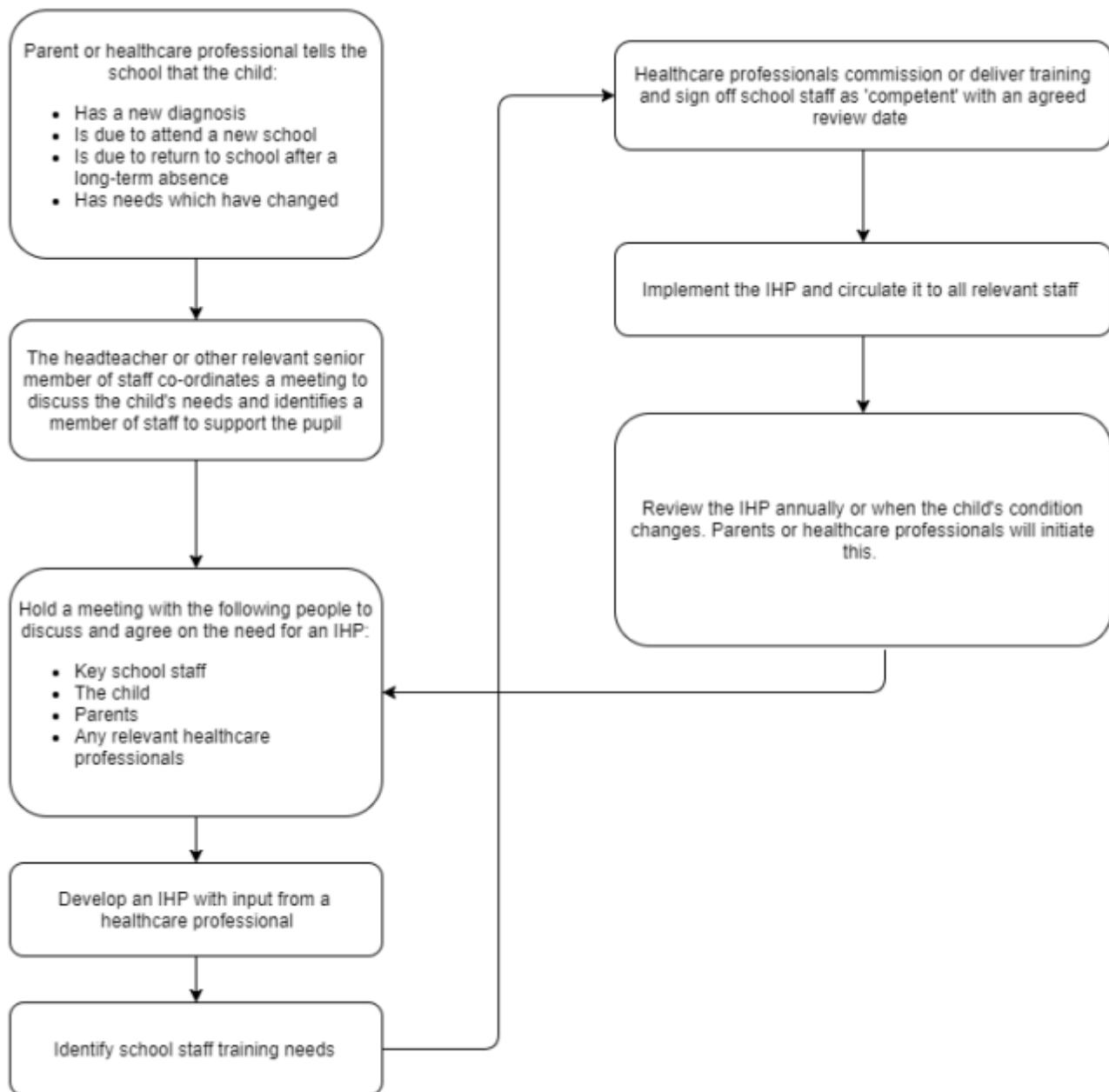
14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety

- Safeguarding
- Special educational needs information report and policy
- EYFS Policy
- Intimate Care Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
 - Nappy changing facilities
 - Play areas
 - Toys, activities and equipment