



CHILDREN WITH OSTEOGENESIS IMPERFECTA ADVICE FOR NURSERY AND PRE-SCHOOLS

Starting Nursery or Pre-School

Young children with OI would benefit from the opportunity to attend nursery or pre-school.

It is advisable to arrange a meeting well in advance of the child's start date. Attendees should include key workers involved in the child's care, and parents. This gives everybody the opportunity to get to know each other, highlight specific needs that the child has and plan how these needs are going to be met. If the child uses a mobility aid or is a wheelchair user, the environment should be assessed to ensure that it is accessible.

It is advisable at this initial meeting that a management plan is developed, which should include a care plan, a fracture management plan and relevant risk assessments.

Supervision

Depending on the child's needs, some children may require additional physical support and supervision. This should be identified and planned for at the initial planning stages so that it does not delay the child attending nursery. Some children may have lots of additional needs and in some cases applications for additional funding can be done with the support of key workers to ensure appropriate recommendations are made.

Advice and support for staff may be needed. Parents and the child's key workers can be involved with this.

Considerations within the Environment

Consideration needs to be given to the current physical abilities of the child, but also the potential for fractures. They may therefore have periods of time in plaster and may require the use of a walking aid or wheelchair, during which time they may require more support/space than usual. Key areas for consideration should be:

Toilet areas

- ◆ Consideration needs to be given to the space, heights and accessibility of toileting areas.
- ◆ For children in nappies, a suitable change area should be identified to accommodate needs of staff and the child. Staff can refer to the "Caring for an infant with OI" factsheet for advice on safe handling and nappy changing techniques.

- ◆ For children that use the toilet, consideration of toilet and sink height should be included in a risk assessment. Some children may require equipment to support access and independence.
- ◆ Toilet areas often get wet. Staff should be extra mindful of this when supervising a child in this area.
- ◆ The child's occupational therapist can be contacted for advice on accessing toileting areas and promoting independence.

Corridor/cloakroom

- ◆ Clothes pegs should be at a height accessible to the child and preferably at the end of the line to prevent being knocked during busy periods.
- ◆ A staggered entry/exit to/from the classroom area to allow safe access is often helpful.
- ◆ The child needs supervision particularly if the floor is slippery. This is obviously worse on wet days.
- ◆ Loose rugs may be a trip hazard and should be removed where possible.
- ◆ Cloakrooms and corridors should be kept clear of clutter.

Classroom:

Seating and positioning at the classroom table

- ◆ It is important to ensure that children develop a good sitting posture. This requires appropriately sized table and chairs to allow good postural alignment with feet supported. For some children, specialised seating or additions may need to be provided. A physiotherapist or occupational therapist should be able to advise with regards to sitting posture.
- ◆ Wheelchair users should be able to access the table to participate in group activities.

Floor time: Some children may find it uncomfortable sitting on the floor, and may prefer to sit on a cushion or a chair. Most children should be able to sit on the floor without difficulty and this can be encouraged, it is advisable to position them towards the edge of the group.

Standing activities e.g. Painting Easel, Sand/Water Play: As many children with OI are shorter than their peers a wide-based stable step or a lower play surface could be used to enable the child to reach the activity. For a wheelchair user alternative play positions and equipment may be required to allow participation. The child's therapist may be able to advise on this.

Things to be aware of

Fine motor activities: due to increased laxity in their joints, often affecting their fingers, some children may take longer to develop fine motor skills. They should be given lots of opportunities to develop these skills. Chunky shaped crayons, pencils and brushes may be easier to hold for children with immature fine motor skills. Contact the child's Occupational Therapist if there are any concerns regarding fine motor or pencil skills.

Tiredness and Pain

- ◆ Children with OI often tire more quickly, and may experience aches and pains, particularly following physical activity. Children may need to rest more regularly than their peers.
- ◆ Wheelchair users should be given opportunity to change their position regularly throughout the day, including time out of their wheelchair.

Lunchtimes

- ◆ Some children may take longer to eat, particularly if their teeth are affected.
- ◆ Seating used in the classroom should also be used at lunch to ensure good posture.
- ◆ Some children may have specialised cutlery to improve skills and independence.

Play time and friends

- ◆ It is important for all children to build peer relationships and make friends. Outdoor play can pose additional challenges for a child with OI. Additional supervision may be needed during these interactions to promote inclusion and maintain their safety.
- ◆ Other children may benefit from a discussion with staff on how to be a good friend and help them understand the risks in play.

Outdoor Play, Games and Activity Days

- ◆ Exercise is important for all children as it improves health and wellbeing.
- ◆ All physical activities can and should be modified to ensure inclusion for all children.
- ◆ Advice can be sought from the child's physiotherapy team to help adapt activities; at these times the use of the child's classroom assistant may be required for extra support. Sometimes the child may have specific physiotherapy exercises which could be incorporated into the child's daily activities.
- ◆ Playground equipment should be risk assessed on an individual basis dependent on the abilities of the child. Higher risk activities such as repetitive jumping, bouncing, tumbling or high-impact games should be avoided. Advice can be sought from the child's therapy team if needed.

Trips and Outings

These should be planned in advance with risk assessments and care plans as required. Consider planning regular rest breaks when walking. Some children may require use of a buggy or wheelchair for longer distances or if out for extended periods of time. Additional adult support may need to be considered.

FURTHER INFORMATION

For more information please refer to additional BBS information sheets which can be found on our website – www.brittlebone.org or contact us using the details below.

CONTACT INFORMATION

Compiled by the Brittle Bone Society in collaboration with the Paediatric Osteogenesis Imperfecta National Team (POINT) - special thanks go to the Metabolic Bone Teams at Birmingham Children's Hospital, Bristol Royal Hospital for Children, Great Ormond Street Hospital, Sheffield Children's Hospital and Royal Hospital for Sick Children, Glasgow.

The information in this leaflet is correct as at 31st March 2017 but we cannot guarantee that it will be accurate and current at any given time. This leaflet is not intended in any way to replace the advice of your doctor or other medical professional. Leaflets are available online at www.brittlebone.org. This information is available in accessible formats on request.



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*Working with People
who live with
Osteogenesis Imperfecta.*