

# SECTION 5.0

## HEALTH and SAFETY

### **Safeguarding and Welfare Requirement: Health**

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

### **5.1 Administering medicines**

#### **Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.

These procedures are written in line with guidance in [Managing Medicines in Schools and Early Years Settings](#); the Manager is responsible for ensuring all staff understand and follow these procedures.

The Manager is responsible for the correct administration of medication to children in their care. This includes ensuring that consent forms have been completed at registration and are still appropriate at the time of administering, the medication book is completed on the day that the child requires medication administering, that medicines are stored correctly and that records are kept according to procedures (the medication book must be signed by a parent/carer and signed and witnessed by another staff members on administering). In the absence of these, the deputy is responsible for the overseeing of administering medication.

We work in partnership with parents and information sharing in this area is vital so that staff respect and are aware of cultural, ethical, or religious reasons which may relate directly to the administration of medicine. There will always be a member of staff who is paediatric first aid trained on site.

## Procedures

*The following procedure must be adhered to by parents and staff for the health and well-being of all children in the administration of medicine:*

- Children taking prescribed medication must be well enough to attend the setting.
- We ask for parents to fill out a medication form recording what medicine they are asking the member of staff to give the child. We ask the medicine to clearly show the child's name, dosage, expiry date and be in the original packaging/container.
- We use the Preschool Learning Alliance's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
- The parent should indicate when the child last had the medicine, and the dosage and frequency required.
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the manager/deputy. Parents can ask to see the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
  - name of the child.
  - name and strength of the medication.
  - date and time of the dose.
  - dose given and method.
  - signature of the key person/manager/deputy and
  - Parent's signature.
- The staff will administer non-prescribed medication for a maximum of 3 days, after which time they will no longer be able to continue giving the medication. We do have consent forms for children needing nappy creams and moisturizers whilst in the setting. At any time during the 3 days, if the staff member deems that the child's health has deteriorated or they have concerns for his/her health, the parent will receive a telephone call to collect the child (or plan for the child to be collected by another named person).
- Written permission is required for emergency treatment of chronic illnesses, such as asthma where inhalers may need to be given on a long-term basis.
- In an emergency, an ambulance will be called for and parents informed immediately.
- Staff will be asked to feedback at meetings any areas of concern or to identify training needs that they may.
- Parents are asked to keep Preschool up to date with any change in their child's health either verbally or via regular newsletters.

- A picture of each child and their Allergies/dietary information and health requirements can be found in the kitchen area.

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#### *Storage of medicines*

- All medication is stored safely in a clearly marked separate white plastic container or refrigerated as required, both are in the kitchen where no children are permitted.
- The child's key person or Manager is responsible for ensuring medicine is handed back at the end of the day to the parent.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person / manager what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

#### *Managing medicines on trips and outings*

- If children are going on outings, staff accompanying the children must be fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure is read alongside the outing's procedure.

#### **Legal framework**

- The Human Medicines Regulations (2012)

#### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

## **5.2 Managing children who are sick, infectious, or with allergies**

(Including reporting notifiable diseases)

### **Policy statement**

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

### **Procedures for children who are sick or infectious.**

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager or deputy calls the parents and asks them to collect the child or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, offered lots of liquid and kept away from draughts.
- The child's temperature is taken using a digital ear thermometer, kept in the first aid box or respectively in the kitchen.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 24 hours before returning to the setting and advised for 48 hours if taking medicine for the first time and ensure they are no reactions or adverse effects.
- After sickness or diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from

[www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

#### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed as suffering from a notify the manager liable disease under the Health Protection (Notification) Regulations 2013, the GP will report this to the Health Protection Agency who became part of Public Health England in 2013.
- When the setting becomes aware, or is formally informed of the notifiable disease, the Manager or Deputy informs Ofsted and acts on any advice given by the Health Protection Agency.

#### *Nits and head lice*

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice. The same applies to staff being affected by the condition.

#### *Procedures for children with allergies*

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen.)
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in a designated file for risk assessments and a copy is displayed where staff can see it.
- No nuts or nut products are used within the setting, this is advertised on our website and periodically on our parent/career newsletters.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party or in lunchboxes.

**At all times, the administration of medication must be compliant with the [Safeguarding and Welfare Requirements of the Early Years Foundation Stage](#) and follow procedures based on advice given in [Managing Medicines in Schools and Early Years Settings](#) (DfES 2017.)**

*Oral medication*

*Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.*

- *Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.*
- *The setting must be provided with clear instructions on how to administer such medication.*
- *All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.*
- *The setting must have the parents/carers prior written consent. This consent is requested in the registration form before the child starts or is updated...*

#### **Further guidance**

- [Managing Medicines in Schools and Early Years Settings \(DfES 2017\)](#)

#### **Other useful Pre-school Learning Alliance publications**

- [Good Practice in Early Years Infection Control \(2017\)](#)

#### **Safeguarding and Welfare Requirement: Health**

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

## **5.3 Nappy changing**

### **Policy statement**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents/ carers towards toilet training unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not, yet toilet trained.

We see toilet training as a self-care skill that children can learn with the full support and non-judgemental concern of adults.

### **Procedures**

- Key persons record nappy changing times for the children in their care who are in nappies or 'pull-ups' in the toilet clip board.
- The changing area is provided by our landlord and any defects or concerns will be raised with the ELAN team.
- Children bring their own bag which is stored in the changing area with their nappies or pull ups and changing wipes. In the absence of this we use our own, provided by the setting.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand, we also have one hand dryer. They should be allowed time for some play as they explore the water and the soap.
- Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents.'
- Key persons do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.

- Nappies and pull ups are disposed of hygienically in the bins provided by PHS. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

#### **Safeguarding and Welfare Requirement: Health**

Where children are provided with meals, snacks, and drinks, they must be healthy, balanced, and nutritious.

## **5.4 Food and drink**

### **Policy statement**

Our provision regards snack as an important part of our sessions. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the internet. At snack, we aim to provide a variety of wholesome and nutritious food, which meets the children's individual dietary needs.

### **Procedures**

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We consult with parents verbally and through newsletters to ensure that our records of their children's dietary needs – including any allergies - are up to date.
- We display current information about individual children's dietary needs presented with a photo and précis of the allergy or issue so that all staff and volunteers are fully informed. This is kept in the kitchen on the wall, next to the sink and on the snack trolley.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.

- We plan and purchase snack weekly in advance, either to tie in with curriculum planning, we also involve children and parents to donate snack in sealed packaging where they can. We sometime encourage the children to help prepare the snack, eat outside in our outside area, or run a snack café (where children selected their own food from a choice) to promote independence.
- We provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives, and colourings. We allow some sweet and fatty items such as chocolate biscuits and cakes on occasions where they have been donated by parents/children, it fits in with the curriculum planning or is a special occasion like a birthday. In general, we ensure the children enjoy a variety of food groups.
- We include a variety of foods including, dairy foods, non-dairy, grains, cereals and starch vegetables and fruit and vegetables.
- We try to include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones. Typically, we introduce 1 new food item along with the regular food.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Parents may provide alternative or specific food and drinks to ensure children's diets are maintained.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise lunch club and snack times so that they are social occasions in which children and staff participate. We encourage talking about food and health and utilise the small group element for extended learning.
- We use lunch club and snack times to help children to develop independence through making choices, serving food and drink, and feeding themselves and opening packets and cartons.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- The children are provided with water bottles with their photo and name on for them to have available throughout the day. These are refilled at lunchtime or if needed before.
- In order to protect children with food allergies, we do not allow / strongly discourage children from sharing and swapping their food with one another. This applied to staff that may also choose to eat their lunch at the same time.

- For young children who drink milk, we provide semi skimmed pasteurised milk and have it delivered direct to the setting, alternatives to cow's milk can be provided where required to meet individual dietary requirements.

#### *Packed lunches*

Children bring in their own lunch boxes and a separate drink for lunch club, we:

- Encourage parents to provide sandwiches with a healthy filling, fruit, and milk-based deserts. We discourage sweet drinks and can provide children with water or milk if available. We discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks, and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort. Parents are given information on healthy lunchboxes and eating when registering their child and at regular times throughout the academic year.
- Ensure staff to sit with the children at lunchtime.

#### **Legal framework**

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

#### **Further guidance**

- Safer Food, Better Business (Food Standards Agency 2020)

#### **Safeguarding and Welfare Requirement: Health**

Where children are provided with meals, snacks, and drinks, they must be healthy, balanced and nutritious.

## **5.5 Food hygiene**

(Including the procedure for reporting food poisoning)

#### **Policy statement**

We provide and serve food for children at snack time only. We maintain food hygiene standards regarding the purchase, storage, preparation and serving of food.

We are registered as a food provider with the local authority Environmental Health Department.

## Procedures

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in [Safer Food, Better Business \(Food Standards Agency 2020.\)](#)
- All staff follow the guidelines of Safer Food, Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene or have a trained member available for advice / supervision.
- A staff member carries out daily opening checks within the general checks for the day to ensure standards are met consistently.
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents, or mould.
- Packed lunches are stored on an appropriate trolley in an un-refrigerated cool place, the food is served to children within 4 hours of receiving the food on site (parents/carers are asked to provide lunch box coolers during warm weather).
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.

### *Reporting of food poisoning*

- Food poisoning can occur for several reasons; not all cases of sickness or diarrhoea are because of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

## Legal framework

- Regulation (EC) 853/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

## Further guidance

- Safer Food Better Business (Food Standards Agency 2020)

## 5.6 Daily opening checks

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This form is for small early years settings providing snacks only.

Enter a tick ✓ and initial if satisfactory. Enter X and initial if not satisfactory and make a note below. Add action taken and if problem is resolved, sign and date. Information is recorded.

### **TO BE COMPLETED DAILY**

#### **Further guidance**

- Safer Food Better Business (Food Standards Agency 2020)

## 5.7 Sleep/Rest

Locking Preschool will work with children and parents to ensure the safety of children to give them the absolute best start in life. It is our policy that children may sleep as they require to meet their needs. Your child's keyperson will ask all parents to complete the 'all about me' section on Tapestry to gain understanding of the child's individual needs. A sleeping nest is provided in a quiet area daily for children to access - with clean sheets and blankets, these are cleaned after each child has used them.

Once a child is asleep staff will ensure they are safe and comfortable. A Sleeping child must be frequently checked, and we will check them at least every 10 minutes.

When a child has a sleep, this information is to be shared with parents/carers.

A staff member is always in the room with the child and near the quiet sleeping area.

Children will be encouraged to wake after an hour of sleep (this depends on individual children and their needs).

Children who are feeling unwell and have fallen asleep will always have a member of staff with them until their parent/carer arrives to collect them from the setting.