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Notification

In the case your child is absent; please ensure you call the Nursery to inform us of why the child is ill and when we can expect them back into the setting. The nursery can be contacted on 01242 898 980

Health

Administering medicines and first aid

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 medicines as part of maintaining their health and well-being or when they are recovering from an illness.

Administering medicines should only be done in setting if it would be detrimental to the child's health to not. If a child has not had the medicine before parents are advised to keep their child/baby at home for 48 hours to ensure there are no adverse effects. The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medicine prescribed by a doctor is administered. It must be in-date and prescribed for the current condition.
- Un-prescribed children's paracetamol (calpol) is only administered for children under the age of one with the verbal consent of the parents in the case of a high temperature. This is to prevent a febrile convulsion and where a parent is on their way to collect a child (we need to decide whether to change the policy or our practice with regards to this).
- Children's prescribed medicines are stored in their original containers, clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - The full name of child and date of birth
 - The name of medication
 - The dosage to be given in the setting
 - How the medication should be stored and its expiry date
 - The signature of the parent, their printed name and the date on the morning of.
 - A signature from parent on collection to confirm time of medicine administered

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. These will be clearly marked in a box.
- The child's key person is responsible for ensuring the medicine is returned to parents.
- Medication may be kept in the setting to administer on a regular or as-needed basis. Key person ensure this is in-date.
- Medicine is stored in a securely locked first aid cabinet or fridge as appropriate.
- Individual training may be necessary for the administration of medicines that requires medical knowledge.
- No child may self-administer. Children who have an understanding of when they need their medicine e.g. asthma, should be encouraged to tell their key person. This does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require on-going medication.

- A health care plan for the child is drawn up by the parents and shared with the child's key person; this outlines the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication e.g. changes to the medication or the dosage, any side effects noted etc.
- Health care plans are kept in a secure cupboard both in the office and down in the room.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is 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. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stabled to the medicine record book and the parents signs it.
- If a child on medication has to 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.
- Children should not eat when travelling in vehicles.

Managing children who are sick, infectious or with allergies

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

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach, Laura Arnold or the child's key person will ring the parents and ask them to collect their child, or send a known carer to collect the child on their behalf.
- The child's temperature is taken using a thermometer.
- In extreme cases the child should be taken to hospital and parent informed.
- 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 them at home for 48 hours before returning them to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours and until a formed stool has passed.
- For excludable diseases and current exclusion length recommendations please speak to Laura Arnold or check the Health Protection Agency (HPA) website.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease (according to Health Protection Regulations), the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the HPA.

HIV/AIDS/Hepatitis procedure

- HIV virus is spread through bodily fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use gloves and aprons are worn when changing nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning clothing after changing.
- Soiled clothing is rinsed and bagged for parents when they collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional circumstances a parent may be asked to keep the child away until the infestation has cleared.
- All parents are informed if there has been a reported case of head lice and are all asked to treat their child and the entire family if they are found to have lice.

Procedures for children with allergies

- When parents start they are expected to record any known allergies on the All About Me form.
- If a child has an allergy a risk assessment form is carried out detailing the following:
 - The allergen
 - The nature of the allergic reactions
 - What do we do in the case of an allergic reaction
 - Control measures- how to prevent a reaction occurring
 - Review
- This form is kept in the child's personal file and a copy where staff can see it.
- Parents train staff in how to administer medicines.
- No nuts or nut products allowed on the premises.

- Parents are made aware of this fact to ensure packed lunches are nut free.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to. For children suffering life threatening conditions, or requiring invasive treatments, written confirmation from insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Oral medication

Oral medication including asthma inhalers must be prescribed by a GP.

Additional, named, asthma inhalers must be provided by parents to keep at all times in the locked medicine cupboard at the setting

The setting must be provided with clear written instructions on how to administer medication; and Proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse or a community paediatric nurse.

Copies of all three documents relating to these children must be sent to the insurance provider and written confirmation that the insurance has been extended will be issued in return.

Key person for special needs children

- Prior written consent must be obtained from the child's parents or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters must be sent to the insurance provider and written confirmation that the insurance has been extended will be issued in return.

Recording and reporting of accidents and incidents

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

Procedures

Our accident folders:

- Are kept in a safe and secure place;
- Are accessible to all staff and volunteers; and
- Are reviewed regularly to identify any potential or actual hazards

Reporting accidents and incidents

Ofsted is notified as soon as possible, or within 14 days, of any instances which involve:

- Food poisoning affecting two or more children looked after on our premises;
- A serious accident or injury to, a serious illness of, a child in our care and the action we take in response; and
- The death of a child in our care

Local child protection agencies are informed of a serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive:

- Any work-relating accident leading to an injury of a child or adult, where they are taken to hospital.
- Any work relating injury to a member of staff, which results in them being unable to work for seven consecutive days;
- When a member of staff suffers from a reportable work-related disease or illness;
- Any death, of a child or adult, that occurs in connection with activities relating to our work; and
- Any dangerous occurrences.

Our incident book

We have ready access to telephone numbers for emergency services, including the local police. We have contact numbers for the gas and electricity emergency services, and a carpenter and plumber.

- We keep an incident book for recording major incidents, including those that are reportable to the Nursery Manager as above.
- These incidents include:
 - A break in/burglary, or theft of personal or the setting's property;
 - An intruder gaining unauthorised access to the premises;
 - A fire, flood, gas leak or electrical failure;
 - An attack on member of staff or parent on the premises or nearby;
 - Any racist incident involving staff or family;
 - A notifiable disease or illness, or an outbreak food poisoning, affecting two or more children looked after on the premises;
 - The death of a child or adult;
 - A terrorist attack or threat of one.
- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or whether it was reported to the police, and if so a crime number.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families.
- In the unlikely event of a child dying on the premises, for example, through cot death, the emergency services are called, and the advice of these services is followed.
- The incident book is not for recording issues of concern involving a child.

Nappy changing

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 have the opportunity to learn with the full support and non-judgemental concern of adults. We work with parents to support children with their toilet training.

Procedures

- It is the Key person's responsibility for ensuring that their key children's nappies are changed regularly however it is the duty of care of ALL staff members to ensure that ALL children are changed regularly. A record is kept of this if required
- Each child has their own nappies and changing wipes in the Nursery.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared.
- All staff is familiar with the hygiene procedures and carries these out when changing nappies.
- 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.
- Adults are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies are disposed of hygienically.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies in the setting this may constitute neglect and will be a disciplinary matter.

Food and drink

Our provision regards snack and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating and provide, and ask parents to provide, nutritious food, which meets the children individual dietary needs.

Procedures

- Before a child starts to attend the setting we ask the parents about their dietary needs and preferences.
- We record information in the child's 'All about Me'.
- We regularly consult parents to ensure that our records are up-to-date.
- We clearly display children's current dietary needs and allergies in the setting so that all staff and volunteers are fully informed about them.
- We display menus for parents to view.
- We provide nutritious and well balanced meals and snacks.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has an allergy.
- We require staff to show sensitivity in providing for children's diets and allergies.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves where possible.
- We will never force a child to eat. We will provide support and encouragement to try what is on their plate but we will listen to the children when they say they are full.
- We provide children with utensils that are appropriate for their ages and stage of development and that take into account their eating practices in their cultures.
- We have fresh drinking water available constantly for the children.
- We discourage children from sharing or swapping food to protect those children with allergies.
- We provide milk for your child.
- For each child under 3 we provide parents with written information about feeding routines, intake and preferences.

Packed lunches

- We ask parents to bring packed lunches in a cool bag and they are stored in a large fridge;
- We inform parents of our healthy eating policy;
- We encourage parents to provide sandwiches with a healthy filling, fruit and milk-based desserts, such as a yoghurt;
- We discourage packed lunches that consist largely of crisps, processed foods, sweet drinks and sweet products;
- We ensure that staff sits with children to eat their lunch so that the mealtime is a social occasion.

Food hygiene

We provide snacks and an afternoon meal, and serve packed lunches to the children in the setting. We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food. We have 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, 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent the growth of bacteria and food consumption.
- All staff follow these guidelines.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- Daily checks and closing checks on the kitchen are carried out.
- Food is stored at the correct temperatures and is checked to ensure it is in-date and not subject to contamination.

- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for washing up and hand washing.
- All surfaces are cleaned and non-porous.
- Waste food is disposed of daily.
- 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

- Where children have been diagnosed by a GP or hospital doctor and 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 practical, and always within 14 days of the incident.