



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04 Health policy

Alongside associated procedures in 04.1-04.7 Health.

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- recognising the benefits of baby and child massage, by parents or staff carrying out massage under conditions that maintain the personal safety of children
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

Further guidance

Accident Record (Early Years Alliance 2019)



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: Louise Harris

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition.

- Parents consent to emergency medical treatment consent on registration.
- All staff are paediatric first aid trained are renewed at least every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with recommendations as follows:
 - 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 2 large, individually wrapped, sterile, un-medicated wound dressings
 - 6 medium, individually wrapped, sterile, un-medicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice packs is kept in the kitchen fridges/freezer.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on the setting's Accident Forms. Parents may have a copy of the accident form on request.

In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111 or the GP.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, our 'Death of a child on site' procedure is implemented, and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting managers arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using the 'Confidential safeguarding incident report form' as soon as possible.
- The setting's line manager is consulted before a RIDDOR report is filed.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The Committee are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

Further guidance

Accident Record (Early Years Alliance 2019)



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.2 Administration of medicine

Administering medicines during the child's session will only be done if **absolutely necessary and only prescribed medicines will be given.**

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, for all other antibiotics a 48-hour period at home is also required before the child returns to preschool, this is to allow the medicine time to take effect.

The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider and that of Public Health England.

Consent for administering medication.

- When bringing in medicine, the parent informs a member of staff immediately so the correct forms can be filled out.

All sort term medication should be returned to the parent at the end of the day.

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any possible side effects that may be expected.
 - signature and printed name of parent and date



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the fridge.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.

Record of administering medicines

A record of medicines administered is kept in the room, securely in a locked cupboard.

Our medicines file is kept in the cupboard, it is accessible to staff throughout the day and locked away when the setting is closed.

The medicine record records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by member of staff/witness
- verified by parent signature at the end of the day

A witness signs the medicine record to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in the separate pouch, clearly labelled as above.

Staff taking medication



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Further guidance

Medication Administration Record (Early Years Alliance 2019)



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.3 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy) or intermuscular injections.

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another practitioner is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered
- written consent from parents allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

- a healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.4 Allergies and Food Intolerance

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, a risk assessment form is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
 - control measures, such as prevention from contact with the allergen
 - review measures
- A **Health care plan form** must be completed with:
 - the nature of the reaction e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g., EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
- Parents show staff how to administer medication in the event of an allergic reaction and further training is sought where required.
- No nuts or nut products are used within the setting.
- Parents are made aware, so that no nut or nut products are accidentally brought in.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.5 Unwell children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the parents are called and asked them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing but kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- In an emergency an ambulance is called, and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for **48** hours.
- After diarrhoea, vomiting or any temperatures, parents are asked to keep children home for **48** hours following the last episode or raised temperature.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS procedure

HIV virus, like other viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Protective rubber gloves are used for cleaning/sludging clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces, or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces, or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- If head lice are very visible to staff or other children, then parents are called to collect and treat their child before they can return to the setting.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. The setting will not administer paracetamol or ibuprofen for temperatures as the child is too unwell to attend the setting under these circumstances.

A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe' medication.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

Further guidance

Good Practice in Early Years Infection Control (Early Years Alliance)

Medication Administration Record (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

04.6 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating and healthy snacks.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks.
- Parents are discouraged from sending in confectionary as a snack or treat.
- Children drink from open cups at snack times.
- We regularly discuss oral hygiene/tooth brushing with the children.

Pacifiers/dummies

- Parents are asked not to bring pacifiers into the setting.
- If dummies are brought into the setting then any that are damaged are disposed of and parents are told that this has happened.

Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/



Registered charity number: **1162644** / Ofsted URN: **EY497796** / Company number: **9308414**

4.2 Maintaining children's safety and security on premises

Policy statement

We maintain the highest possible security of our premises to ensure that each child is safely cared for during their time with us.

Procedures

Children's personal safety

We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service.

All children are supervised by adults at all times.

Whenever children are on the premises at least two adults are present.

We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

Security

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – staff, volunteers, and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We only allow access to visitors with prior appointments.
- Our staff check the identity of any person who is not known before they enter the premises.
- We keep the pre-school door locked at all times.
- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.