

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of the children attending the setting

Duffield Preschool

3.1 Nappy changing policy

Policy statement

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

We make necessary adjustments to our bathroom provision and hygiene practice 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.

Procedures

- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Staff change children in the toilet area on a changing mat that is placed on the floor, the door is kept open at all times to provide access to toilets for other children as well as to ensure the safety of the child whose nappy is being changed.
- Gloves are put on before changing starts.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young 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.
- They should be encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Staff are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Staff do not make inappropriate comments about young 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. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent to take home.

- Settings have a 'duty of care' towards children's personal needs, we therefore aim to ensure that children are not left in dirty or soiled nappies.

This policy was adopted at a meeting of _____ (name of provider)

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management committee _____

Name of signatory _____

Role of signatory (e.g. chair/owner) _____

Duffield Preschool

3.2 Sun Protection Policy

Policy statement

At Duffield Preschool we are aware of the importance of sun protection and want all staff and children to enjoy the sun safely. We aim to work closely with staff and parents to achieve this.

- The need for sun protection is discussed interactively with the children
- Parents and carers are informed of the importance of sun protection through newsletters and notices.
- Sun protection is considered when planning all outside activities from April to September.
- The gazebo is erected whenever possible.
- Parents are asked to provide children with suitable hats, which they are actively encouraged to wear when outside.
- A stock of spare hats is available for children who forget their own

Morning session children

- Should have their sun cream applied prior to arrival at preschool at the setting for 9am.

Afternoon session children

- Should have their sun cream applied prior to arrival at preschool for 12 noon

Children who stay all day

- Should have sun cream applied before arrival at preschool for 9am and bring their named sun cream to Preschool ready for reapplication after lunch.
- All children will be encouraged to apply sun cream themselves but will be supervised and supported by staff prior to outside play.
- All children should be dressed sensibly in hot weather to cover sensitive areas such as shoulders and backs.
- Fresh drinking water will be available.
- Parental/carers consent is obtained and held on file for staff to apply sun cream to children.

This policy was adopted at a meeting of _____ (name of provider)

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management committee

Name of signatory _____

Role of signatory (e.g. chair/owner) _____

Duffield Preschool

3.3 First aid

Policy statement

In our setting staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time. Newly qualified staff who achieved an early year's qualification at level 2 or 3 on or after 30 June 2016 also have a paediatric first aid certificate in order to be counted in the adult: child ratios. The first aid qualification includes first aid training for infants and young children. We exercise due diligence when choosing first aid training and ensure that it is local authority approved and is relevant to staff caring for young children.

Procedures

The first aid kit

Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x 2.
- Sterile dressings:
 - Small (formerly Medium No 8) x 2.
 - Medium (formerly Large No 9) – HSE 1 x 2.
 - Large (formerly Extra Large No 3) – HSE x1.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) eg No 16 dressing x 1.
- Container of safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition to the first aid equipment, each box should be supplied with:

- disposable plastic (PVC or vinyl) gloves.
 - 1 plastic disposable apron.
 - Nappy bags for disposal of soiled wipes/dressings
 - Crepe roller bandages (1)
 - Round ended scissors
 - Adhesive tape - micropore
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- The first aid box is easily accessible to adults and is kept out of the reach of children.
 - No un-prescribed medication is given to children, parents or staff.
 - At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Legal framework

- Health and Safety (First Aid) Regulations (1981)

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2009)
- Basic Advice on First Aid at Work (HSE Revised 2008)
- Guidance on First Aid for Schools (DfEE)

This policy was adopted at a meeting of _____ (name of provider)
Held on _____ (date)
Date to be reviewed _____ (date)
Signed on behalf of the management committee _____
Name of signatory _____
Role of signatory (e.g. chair/owner) _____

Other useful Pre-school Learning Alliance publications

- Medication Record (2010)

3.4. 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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children who attend our setting. 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 and assistants are responsible for the overseeing of administering medication. **We notify our insurance provider of all required conditions, as laid out in our insurance policy.**

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB we may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will 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 and strength;
 - who prescribed it;
 - the dosage and times to be given in the setting;
 - **when the last dose was given**
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication **and a witness**. Parents are shown 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;
 - name of the doctor that prescribed it;
 - date and time of the dose;
 - dose given and method;
 - signature of the person administering the medication **and a witness**; and
 - parent's signature.
 - We use the Pre-school Learning Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
 - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant staff members by a health professional.
 - If rectal diazepam is given, another member of staff must be present and co-signs the record book.
 - 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 what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
 - we monitor the medication record book is monitored to look at the frequency of medication given in the setting. 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.

Storage of medicines

- All medication is stored safely on the top shelf of first kitchen cupboard (first from where the first aid box is stored) or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person or manager is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Manager checks that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medicines are stored in a labelled plastic container either on the very top shelf of the first wall cupboard as you enter the kitchen or in the fridge if required.

Staff are informed through policies, induction procedures, verbally and staff meetings.

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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 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 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 should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by

On _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the provider _____

Name of signatory

Role of signatory (e.g. chair, director or owner)

Other useful Pre-school Learning Alliance publications

- Medication Record (2013)
- Daily Register and Outings Record (2012)

Duffield Preschool

3.5 Managing children who are sick, infectious, or with allergies

Policy statement

We aim to 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 trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a staff member will call the parents and ask them to collect the child, or to 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 and sponging their heads with cool water, but kept away from draughts.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; We can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, We ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When We become aware, or are formally informed of the notifiable disease, [our manager informs/I inform] Ofsted and contacts Public Health England, and act[s] on any advice given.

HIV/AIDS/Hepatitis 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.

We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.

- Rinse soiled clothing and bag it for parents to collect.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases We may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a health form 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 measures.
- This health form is kept in the child's personal file and details of the condition on the Health/Allergies list located in the register and in the door of the second wall cupboard upon entering the kitchen. is displayed where our staff can see it.
- **A health care plan will also be completed if needed.**
- **Health care plan – copy attached to this policy document.**
- Generally, 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, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times We ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to

be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

- We must be provided with clear written instructions on how to administer such medication.
- We adhere to all risk assessment procedures for the correct storage and administration of the medication.
- We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:
These include adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
 - We must have:
 - 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 the parent or guardian allowing [our staff/me] to administer medication; and
 - 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, **EpiPen training is now included in the 12 hour Paediatric First Aid training.**
 - **Treatments, such as inhalers or EpiPens are immediately accessible in an emergency.**
 - Copies of all three documents relating to these children must first be sent to [the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - The key person and staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to [the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact [the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk insert details of your insurance provider].

During the COVID-19 outbreak or a pandemic outbreak, any child showing symptoms, such as a high temperature; a new, continuous cough; loss of taste or smell, the following sequence of actions need to be taken:

1. Child presents with symptoms; parents are requested to collect child and seek diagnosis from GP or take further advice from NHS 111.
2. Child's parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the owner/trustees/directors and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:
 - close for a set period and undertake a deep clean
 - carry on as usual but also undertake a deep clean
5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.
6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced and staff are vigilant to any further signs of infection.
7. The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)

Duffield Preschool

Individual Health Plan

This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Date completed: _____ Review date: _____

Child's details:

Full name: _____ Date of birth: _____

Address: _____

Allergies: _____

Medical condition/diagnosis _____

Medical needs and symptoms: _____

Daily care requirements: _____

Medication details (inc. expiry date/disposal) _____

Storage of medication: _____

Procedure for administering medication: _____

Names of staff trained to carry out health plan procedures and administer medication: _____

Other information: _____

Date risk assessment completed: _____

Risk assessment details: _____

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:

Child's main carer(s)

1. Name: _____ Relationship to child: _____

Contact number(s): _____

2. Name: _____ Relationship to child: _____

Contact number(s): _____

General Practitioner's details:

Name: _____ Contact number: _____
Address: _____

Clinic of Hospital details (if app):

Name: _____ Contact number: _____
Address: _____

Declaration

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent: _____ Date: _____

Signature: _____

Name of key person: _____ Date: _____

Signature: _____

Name of manager: _____ Date: _____

Signature: _____

Date: _____

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name _____ of _____ Date: _____
GP/consultant: _____

Signature: _____

To be reviewed at least every six months, or as and when needed.

Copied to parents and child's personal file (with registration form)

Duffield Pre-school

3.6. Influenza Pandemic Policy and Procedure

Due to the possibility of an influenza pandemic the following procedure has been developed for the health and welfare of the children, staff and parents/carers of the pre-school. All decisions, including closure, would be based on advice from the local authority.

Influenza Pandemic

Influenza is an acute infectious viral illness which spreads rapidly from person to person by close contact via the respiratory route when a person talks, coughs or sneezes. A 'pandemic' means 'all people', taken from 'pan' meaning all and 'demos' meaning people. It can spread rapidly as very few people have a natural immunity. It is one of the most difficult diseases to control as it spreads via contaminated hands and faces.

Planning and Co-ordinating

The supervisor would check reliable websites for public health warnings and advice concerning the current pandemic, school closure and any helpful information regarding infection control. They would also liaise with other local settings and the school in order to work together in supporting each other with information. The supervisor would be responsible for informing and seeking advice from the following professional bodies- Ofsted, the local school and local authority.

Symptoms, incubation and Infection:

<u>Symptoms</u>	<ul style="list-style-type: none">• Fever• Cough• Shortness of breath• headache• Aching muscles• Sore throat• Sneezing• Runny nose• Loss of appetite	
<u>Incubation Period</u> Children Adults	<ul style="list-style-type: none">• 2-3 days• 1-4 days	These time frames are from exposure to showing symptoms.
<u>Infection Control</u>	<ul style="list-style-type: none">• Good hand washing• Cover mouth when sneezing and coughing• Frequently clean surfaces and toys• Use paper tissues for blowing noses• Setting will provide bins with liners to be emptied and sealed twice a day	Remember 24 hours clear before returning to pre-school for children, staff and parents/carers.

Parents will be advised to follow the above infection control procedures and to contact the pre-school at the first sign their child/ren show any symptoms. The supervisor and child's key person will record absence and monitor the number of absences.

Special attention will be given to the staff, children and parents/carers in controlling the infection as much as possible including during sessions.

The supervisor will deal with any staff issues, from their own health as well as supporting them if their families are affected. Staff will be required to stay at home if they show any symptoms until they have a clear twenty-four hours in order to return to work.

Records will be kept of any children showing signs and symptoms on site. A designated area for children becoming ill would be organised by the supervisor, while awaiting collection. Guidelines would be issued to the parents/carers to control infection and inform them that their child needs to be clear of all symptoms for twenty-four hours.

Parents would be advised at this stage to have a plan 'B' regarding childcare, should the pre-school have to close. We would also advise parents to consider, themselves and their children, having the flu vaccination if this is a public health recommendation.

Closure

The committee would meet to agree if closure was the correct next step, taking into account all professional advice from the local authority.

The supervisor will use a suitable effective method of contacting parents/carers and staff to advise of closure.

This may be in the form of telephone tree. The supervisor will have on record any family needing information in an additional language.

Expected date for opening will be decided by the committee on advice given by local authority and school.

The committee would continue to evaluate and monitor the situation. The manager would complete a risk assessment.

This policy was adopted at a meeting of _____ name of setting

Held on (date) _____

Signed on behalf of the Management Committee/Proprietor _____

Role of signatory (e.g., chairperson etc.) _____

Duffield Preschool

3.7 Food and drink

Policy statement

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. At snack, we aim to provide 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 find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies policy.)
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- 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 provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- Our snack includes a variety of fruit and vegetables, breadsticks and cheese (if dietary requirements allow).
- 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.
- Through discussion with parents, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- 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 meal and snack times so that they are social occasions in which children and staff participate.
- Children's hands are washed prior to being given food or drink.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.

- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we provide whole pasteurised milk.

Packed lunches

We:

- ask that packed lunches contain an ice pack to keep food cool.
- inform parents of our policy on healthy eating.
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk-based deserts such as yoghurt or crème fraîche where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or milk;
- 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;
- provide children, bringing packed lunches, with plates, cups and cutlery if needed.
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

Food Poisoning

- We notify Ofsted of any food poisoning affecting two or more children looked after on the premises as soon as is reasonably practicable, but in any event within 14 days of the incident.

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 2008)

This policy was adopted at a meeting of _____ (name of provider)

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management committee _____

Name of signatory _____

Role of signatory (e.g. chair/owner) _____

Other useful Pre-school Learning Alliance publications

- Healthy and Active Lifestyles for the Early Years (2012)
- Nutritional Guidance for the Under Fives (2009)
- The Early Years Essential Cookbook (2009)

Duffield Preschool

3.8 Food hygiene

(Including procedure for reporting food poisoning)

Policy statement

We provide and/or serve food for children on the following basis (delete which does not apply):

- Snacks.
- Packed lunches.

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

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*. The basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of *Safer Food Better Business*.
- At least one person has an in-date Food Hygiene Certificate.
- The person responsible for food preparation and serving carries out daily checks on the kitchen to ensure standards are met consistently. (See *Safer Food Better Business*.)
- 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 in a cool place and we ask parents to include an ice pack; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- 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.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand washing and simple hygiene rules
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment such as blenders etc.

Reporting of food poisoning

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result 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 and the Health Protection Agency, 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 the setting will also be notified to Ofsted as soon as is reasonably practicable, and always within 14 days of the incident.

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)

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	(date)
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	
Role of signatory (e.g. chair/owner)	_____	

3.9 Recording and reporting of accidents and incidents

Policy statement

We follow the guidelines of the Reporting 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 book:

- is kept safely and accessibly;
- is accessible to all staff, who know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

Ofsted is notified as soon as possible, but at least 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, or serious illness of, a child in our care and the action we take in response
- The death of a child in our care
- Local child protection agencies are informed of any serious accident or injury to, 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 Dept.
- We meet our legal requirements in respect of the for the safety of our employees and the public by complying with RIDDOR.

We report to **the Local Authority (LA)**. Please note that providers on school premises or domestic premises report to the Health and Safety Executive (HSE):

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment
- Any work-related accident leading to a specific injury to one of our employees. Specific injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to our employees being incapacitated for three or more days are recorded in our accident book.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death of a child or adult, that occurs in connection with a work-related accident.

- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Information for reporting incidents to the Local Authority or Health and Safety Executive is provided in the [Preschool Learning Alliance's Accident Record Publication](#). Any dangerous occurrence is recorded in our incident book. (see below)

Incident book

- We have ready access to telephone numbers for emergency services, including local police. Where we rent premises, we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure our staff and volunteers carry out all health and safety procedures to minimise risk that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive our manager risk assesses the situation and decides if the premises are safe to receive the children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises, we will follow the procedures in our [Fire Safety and Emergency Evacuation Policy](#) or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time, what they saw and/or heard what they did about it and their full name and signature.
- We keep an incident book for recording **major** incidents, including those that are reportable to the [Local Authority or Health and Safety Executive](#) as above.
- These incidents include:
 - break in, burglary, theft of personal or our setting's property;
 - an intruder gaining unauthorised access to our premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on an adult or child on our premises or nearby;
 - any racist incident involving families or our staff on the setting's premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our 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 if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard [Fire Safety and Emergency Evacuation Policy](#)

will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.

- In the unlikely event of a child dying on the premises, for example, through choking or any other means, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Common Inspection Framework

- As required under the *Common Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended)
- **The Health and Safety (Enforcing Authority) Regulations 1998**

Further guidance

- Common Inspection Framework: Education, Skills and Early Years (Ofsted 2015)
- Early Years Inspection Handbook (Ofsted 2015)
- RIDDOR Guidance and Reporting Form

This policy was adopted at a meeting of _____ (name of provider)

Held on _____ (date)

Date to be reviewed _____ (date)

Signed on behalf of the management committee

Name of signatory _____

Role of signatory (e.g. chair/owner) _____

Other useful Pre-school Learning Alliance publications

- Accident Record (2013)
- **CIF Summary Record (2016)**
- Reportable Incident Record (2015)

DUFFIELD PRE-SCHOOL

3.10. Procedure for Accident Emergency

- Staff member to stay with child all the time
- Qualified first aider in setting to administer emergency first aid to injured child
- Staff will make sure that the other children are safe and secure
- Staff member to contact parents/carers and emergency contact numbers if necessary
- Dial 999 or 112- mobile (gives GPS location) giving details and exact location of pre-school, DE56 4GT
- Check registration details to ensure that they have signed the relevant consent forms
- Call supply staff to cover should a staff member be needed to accompany the child to hospital
- Staff member (supervisor or key worker) to accompany child in ambulance if parents not available
- Staff member/Supervisor to record all details and let relevant organisations know e.g., Ofsted

This procedure was adopted at a meeting of

(name of
provider)

Held on

(date)

Date to be reviewed

(date)

Signed on behalf of the management
committee

Name of signatory

Role of signatory (e.g. chair/owner)