

Promoting health and hygiene policies

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

EYFS 2017 3.44



We follow the statutory requirements of

- The Statutory framework of the EYFS 2017

We have regard to

- Guidance on Infection Control in Schools and other Childcare Settings
- <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities#history>
- NHS Childhood vaccines timeline <https://www.nhs.uk/conditions/vaccinations/childhood-vaccines-timeline/>
- Health Protection (Notifications) Regulations 2010
- Health and Safety (First Aid) Regulations 1981

To enable safe re-opening to all children from September 2020, an appendix has been added to this policy, which details additional procedures to be followed from September 2020 for the duration of the pandemic and any future outbreaks. The appendix will be updated following any changes to government guidance.

The COVID19 procedures should be read alongside policies and procedures in the main policy and alongside the preschool's 'Operational Plan and Risk Assessment – Reopening' (updated 17/7/2020)

Promoting health and hygiene policies

1.15 Administering medicines

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

1.17 Nappy changing

1.18 No smoking

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1.15 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.

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, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

The manager (or deputy manager) is responsible for the correct administration of medication to children. 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 for the overseeing of administering medication.

Procedures

- A bottle of Piriton is kept on the premises for use in the case of a serious unexpected allergic reaction in a child. A bottle of Calpol Infant is kept on the premises for use only where a child's temperature is rising rapidly. Parents are asked to give their consent at registration to Piriton and Calpol being administered if considered necessary. If Calpol or Piriton is deemed necessary we will always attempt to contact the parents first.
- Children taking prescribed medication must be well enough to attend the setting.
- Prescribed medication will be administered in the setting. It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are 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 in the medications book. The consent will only be asked for at the start of a course of treatment, eg a course of antibiotics.
- Where consent is given to administer a medicine when required, eg asthma inhaler, consent will be given when the parent gives the inhaler to staff, and the parent will be asked to sign the medications book each time it is administered in the setting.

Storage of medicines

- All medication is stored safely or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, it is kept in a marked plastic bag.

- The child's key person 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. The child's key person checks that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- 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.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the health and safety officer 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 of staff are part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery 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 the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining 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 if necessary. 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 health care plan and each contributor, including the parent, signs it.

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, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.

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

(Including reporting notifiable diseases)

Policy statement

We identify allergies and prevent contact with the allergenic substance and prevent cross infection of viruses and bacterial infections.

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.
- This form is kept in the child's personal file and details are displayed where staff can see them.
- Staff are trained in how to administer special medication in the event of an allergic reaction.

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 as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider is obtained to extend the insurance.

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.

- The group must be provided with clear written 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 group must have the parent's or guardian's 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 & invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The setting 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 staff 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.
- Copies of all three letters relating to these children must first be sent to our insurance provider for appraisal.

Children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent is obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person will have the relevant medical training/experience, from those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to our insurance provider for appraisal.

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 calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts. Staff may also decide that giving Calpol is appropriate.
- 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 preschool; the preschool 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 48 hours before returning to the setting.
- After diarrhoea or sickness, parents are asked to keep children home for 48 hours.
- The setting has a list of excludable diseases and current exclusion times.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by Public Health England.

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.
- 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.
- 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 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.

1.17 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.

Our toilet facilities accommodate children who are not yet toilet trained.

Procedures

- Where possible key persons undertake changing young children. They ensure that nappy changing is relaxed and a time to promote independence in young children.

- Gloves are put on before changing starts and the areas are prepared. Changing mats are disinfected after use. All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- 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.
- Children are encouraged to wash their hands in running water and have soap and towels to hand.
- 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 in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

1.18 No-smoking

Policy statement

We comply with current law, health and safety regulations and the Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

Procedures

- We prevent smoking in the building at all times, and prevent smoking in the outside play area when children are present or about to be present. As far as is possible in our location, we prevent smoking at any time in our outside area.
- *No smoking* signs are displayed.

1.19 Food and drink

Policy statement

This setting regards snack and meal times as an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. At snack times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

- Before a child starts to attend the setting, we record information about each child's dietary needs and preferences, including any allergies, in her/his registration record. (See the Managing Children with Allergies policy.)

- 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 snacks.
- We include a variety of foods:
 - dairy foods;
 - grains and cereals and
 - fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, 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 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.
- 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, and 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 semi-skimmed pasteurised milk.

Packed lunches

We cannot provide cooked meals and children are required to bring packed lunches. We

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;

- can provide children with water;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks; and sweet products such as cakes or biscuits;
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

1.20 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. We aim to have all staff trained in paediatric first aid. At least one member of staff with current first aid training is on the premises or on an outing at any one time.

Procedures

The First Aid Kit

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the required items only.

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- A bottle of Piriton is kept safely at the setting and parents give consent for this to be used in the case of an allergic reaction. If Piriton is thought necessary, where possible the setting speaks to the parent before it is given.
- 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.

Signed on behalf of the management committee	Date 18/07/2020
Name of signatory Gill Dedhar	Role of signatory (e.g. chair/owner) Chair of Trustees
Signed by Health and Safety Officer Tracy Embleton	