



## 4. Health & Hygiene Policy

Our designated member(s) of staff responsible for this area:

Name(s) .....

Our designated member(s) of staff responsible for

Food Hygiene is (Name) .....

This policy was adopted on .....

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## 4.1 Administering medicines

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

In many cases, it is possible for children's GP's 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, 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.

These procedures are written in line with current guidance in '*Managing Medicines in Schools and Early Years Settings*'; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person/supervisor is responsible for the correct administration of medication to children for whom they are the key person and who are in their care. 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.

Children taking prescribed medication must be well enough to attend the setting.

Only medication prescribed by a doctor (or other medically qualified person) is administered. 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 form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- who prescribed it;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- any possible side effects that may be expected should be noted; and
- the signature of the parent, their printed name and the date.

The administration is recorded accurately in our medication book each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day/session and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- name of child;
- name and strength of medication;
- the date and time of dose;
- dose given and method;
- signature of the key person/manager; and
- parent signature.

### **Storage of medicines**

All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

Where medication is not stored at the premises, 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 to be administered on a regular or as-and-when-required basis. Key persons/supervisor check that any medication held in the setting is in date and return any out-of-date medication back to the parent.

If the administration of prescribed medication requires medical knowledge, individual training is provided for all members of staff by a health professional.

If rectal diazepam or other invasive treatment 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.

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

A risk assessment is carried out for each child with long term medical conditions that require on-going medication. This is the responsibility of the 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 members 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's 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 annually or more frequently 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.

This procedure is read alongside the outings procedure.

## **4.2 Managing children with allergies, or who are sick or infectious (Including reporting notifiable diseases)**

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

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

If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the supervisor will call 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 and sponging their heads with cool water, but kept away from draughts.

The child's temperature is taken using a forehead thermometer strip kept in the first aid box.

In extreme cases of emergency the child would be taken to the nearest hospital and the parent informed.

Parents are asked to take their child to the doctor before returning them to setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

After sickness and/or diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk](http://www.hpa.org.uk) and includes common childhood illnesses such as measles.

### **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 the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

## **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/slucing 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 appropriately.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Children do not share tooth brushes.

## **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, parents are informed and asked to treat their child and all the family if they are found to have head lice.

## **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 is completed and if necessary a Health Care Plan is completed by a health professional, to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- Review.

This assessment is kept in the child's personal file and a copy is displayed where staff can see it.

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, e.g. to a party.

### **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 your insurance provider must be obtained to extend the insurance.

*At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)*

### **Oral Medication**

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

Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.

The setting must be provided with clear 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 setting 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 your insurance provider.

### **Life-saving medication & invasive treatments**

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).

The provider 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 the setting's Insurance Company for appraisal). Written confirmation will then be issued confirming that the insurance has been extended.

**Key person for special needs children** - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP must be received by the preschool.

Key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

Copies of all letters relating to these children must first be sent to the insurance company for appraisal. Written confirmation that the insurance has been extended will be issued by return.

### **4.3 Recording and reporting of accidents and incidents (Including procedure for reporting to HSE, RIDDOR)**

Our setting follows the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural issues are NOT regarded as incidents and there are separate procedures for this.

#### **Accident book:**

- is kept in a safe and secure place;
- is accessible to all staff and volunteers, 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 2 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; and
- the death of a child in our care.

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

Any food poisoning affecting 2 or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
- any work-related injury to a member of staff, which results in them being unable to work for 7 consecutive days;
- when a member of staff suffers from a reportable work-related disease or illness;
- any death, of a child or adult, that occurs in connection
- with activities relating to our work; and
- any dangerous occurrences. 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.

Any dangerous occurrence is recorded in our incident book.

### **Incident book**

We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises, we have contact numbers for the gas and electricity emergency services. 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 keep an incident book for recording major incidents including those that are reportable to the Health and Safety Executive as above.

These incidents include:

- break in, burglary, theft of personal or the setting's property;
- an intruder gaining unauthorised access to the premises;
- a fire, flood, gas leak or electrical failure;
- an attack on member of staff or parent on the premises or nearby;
- any racist incident involving staff or family on the setting's premises;
- a notifiable disease or illness, or an outbreak of food poisoning affecting 2 or more children looked after on the premises;
- death of a child or adult, and
- 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 unlikely event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. 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, the emergency services are called and the advice of these services is followed.

The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

## 4.4 Nappy changing

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

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

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

Staff members have a list of young children in their care who are in nappies or 'pull-ups'.

Children from two years should wear nappies, 'pull ups' or other types of trainer pants as soon as they are comfortable with these and their parents agree.

Changing areas are warm and there are safe areas to lay young children.

Each young child has their own bag to hand with their nappies or 'pull ups', nappy sacks and changing wipes, together with a change of clothes if necessary.

Gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.

All staff are familiar with the hygiene procedures and carry these out when changing nappies.

In addition, staff members ensure that nappy changing is relaxed and a time to promote independence in young children.

Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet facilities.

Children are encouraged to wash their hands, and have soap and paper towels to hand.

Staff members are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.

Staff members 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. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged. These are given to the parent to take home.

We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and may result in a disciplinary matter.

## 4.5 Food and drink

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

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 Form 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.
- Where our setting provides food, we plan menus in advance, involving children and parents in the planning. We display the menus of meals/snacks provided by our setting for parents to view.
- 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 healthy food for all snacks, such as fresh or dried fruit should you forget to bring one with you.
- 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, dairy or other food product.
- 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 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.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- 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.
- For children who drink milk, we provide semi-skimmed milk.
- 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.

## Packed lunches

Where 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;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based desserts such as yoghurt or crème fraiche 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; and

- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

## 4.6 Food hygiene (Including the procedure for reporting food poisoning)

Our setting serve food on the following basis, sent in by the children's parent for the following:

- Snack times, such as fresh fruit, dried fruit or vegetables.
- Packed lunches (where necessary).

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

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

The Managers and the Supervisors responsible for food preparation understand the principles of *Hazard Analysis and Critical Control Point (HACCP)* as it applies to their business. This is set out in *Safer Food, Better Business* (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.

- All staff follow the guidelines of *Safer Food, Better Business*.
- At least one person at each setting has an in-date Food Hygiene Certificate and all staff are trained in-house in the safe handling of food and food hygiene.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- The person responsible for and food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards of hygiene are met consistently.
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; 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
- do not have access to hot surfaces and hot water; and
- do not have access to electrical equipment such as blenders etc.

### **Reporting of food poisoning**

Food poisoning can occur for several reasons; not all cases of sickness or diarrhoea are because of food poisoning and not all cases of sickness or diarrhoea are reportable.

Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.

Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonable practicable, and always within 14 days of the incident.