



04. Health policy

Alongside associated procedures in 04.1 to 04.7 Health Procedures, this policy was adopted by Little Fishes Nursery school on 01/04/22.

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04. Little Fishes Health Policy

Roles and responsibilities

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Aim

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

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens, and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet, exercise and good oral hygiene
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE, UKHSA and World Health Organisation (WHO) guidance. We currently have a Covid plan and risk assessment specifically for managing health during the Covid pandemic.

04.1 Procedures: Accidents and emergency treatment

- Little Fishes provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in policy 03. Food Safety and Nutrition.
- Parents' consent to emergency medical treatment consent on the registration form.
- At least one person who has a current paediatric first aid (PFA) certificate is always on the premises and available when children are present. We aim for all our staff to receive paediatric first aid training. First Aid certificates are renewed at least every three years.

First Aid Boxes

Person responsible for checking and stocking first aid box: *Deputy Manager*

- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations (see Appendix 1).
- Vinyl single use gloves are kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- Cool packs for bumps are kept in the main kitchen fridges.

Minor injuries and accidents

- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on a *04.1a Little Fishes accident form*. Parents may have a photocopy of the accident form on request.
- Accident forms are kept together and retained in line with the Record and Data Protection policy
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, and asked to sign the accident form.
- For any head injury or if the child is unduly upset, or members of staff have any concerns about the injury, they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.
- In the event of a child arriving at Little Fishes with an injury, the injury will be recorded on *06.1d Pre-existing injury form* (See safeguarding policy). First aid is given, if required, and procedures in 06. Safeguarding and Child protection procedures followed.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.07: Child safety and security: Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken.
- Little Fishes managers arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury or illness, the designated person responsible for the session notifies the manager (if absent) and the designated Health and Safety lead completes the *06.1c Confidential safeguarding incident report form*. Both are done as soon as possible after the event.
- The manager's line manager and St. James' Health and Safety officer are consulted before a RIDDOR report is filed.
- If required, a RIDDOR form is completed by the St. James' Health and Safety Officer; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The Little Fishes Steering Group and trustees are notified by the Little Fishes manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care. Ofsted will be notified and any advice given by them will be acted upon.
- Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the Little Fishes Steering Group and trustees, inform local child protection agencies of these events.

04.2 Procedures: Administration of medicine

- Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.
- Administering medicines during the child's session will only be done if necessary.
- If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.
- Little Fishes managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs the managers, who informs the child's key person/back up key person, if the key person is not available. The setting manager should also be informed.
- The deputy managers will receive the medication and ask parent to sign *04.2a Little Fishes medication form consent form*. A copy of this is kept in the register. No medication is given without these details: full name of child and date of birth, name of medication and strength, who prescribed it, dosage to be given, how the medication should be stored and expiry date, a note of any possible side effects that may be expected, signature and printed name of parent and date
- The managers are responsible for completing the *04.02b Medication Summary Form* in the register and ensuring all staff on duty know these details.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

Storage of medicines

All medicines are stored safely.

- Refrigerated medication is stored in a box in the main kitchen fridge. All staff are briefed about the administration of the medication and this is the responsibility of the deputy managers.
- Unrefrigerated medicine is stored in a box in the kitchen. The children do not have access to this.
- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. *04.02c Healthcare plan form* must be completed. Key persons check that it is in date and return any out-of-date medication to the parent. In this case medication is locked away daily in the staff filing cabinet.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

- A record of medicines administered is kept on the medication record form/healthcare plan. This is kept in the register while active and then stored in the child's individual file once completed.
- The record needs to be verified by a parent signature at the end of the day and a witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to the risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- *04.2c Health care plan form* is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person (or back up key person), or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic bag (or box) labelled with the child's name, name of medication, copy of the consent form to record administration, with details as above.
- The copy is attached to the *04.2a Little Fishes Medication Consent Form* 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 as above.

Staff taking medication

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

04.3 Procedures: Life-saving medication and invasive treatments

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

Record keeping

- For a child who requires invasive treatment the following must be in place from the outset: a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered, written consent from parents allowing members of staff to administer medication, proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse and *04.2c Health care plan*.
- Copies of all letters relating to these children must be sent to the insurance provider for appraisal.
- Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record log of the intimate/invasive treatment each time it is given.

Physiotherapy

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

Safeguarding/child protection

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.

- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

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

04.4 Procedures: Allergies and food intolerance

- When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.
- If a child has a mild allergy or food intolerance, *04.4a Little Fishes Allergy Risk Assessment Form* is completed with the following information: the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.), the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen, control measures, such as prevention from contact with the allergen, review measures
- If the child has a severe allergy or food intolerance *04.2c Health care plan form* must be completed with: the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc., managing allergic reactions, medication used and method (e.g. EpiPen)
- In the case of food allergies, the child's name is added to the medical summary list, a copy of which is in the register and in the Food safety record file (see food safety policy)
 - A copy of the risk assessment and health care plan is kept in the register and is shared with all staff and is also kept in the kitchens Food safety file.
 - Parents show staff how to administer medication in the event of an allergic reaction.
 - 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. They are regularly reminded by emails.
 - Any foods containing food allergens are identified on children's snack board and snack record in the food safety file.

Oral Medication

- Oral medication (including inhalers) must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.
- For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine. **

04.5 Procedures: Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer (emergency contact) to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, and kept away from draughts.
- A child's temperature is taken and checked regularly, using an electronic scan thermometer.
- Use of Paracetamol based medicines (e.g. Calpol, Nurofen) – We cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours, to monitor child's reaction.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- The setting has a contingency plan for additional measures it would use in the event of an outbreak. Government and public health advice would be sought and followed. Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies their line manager if there is an outbreak of an infection (affects more than 3-4 children/adults) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts UKHSA (currently and /or D of E and Ofsted / HCC (if required) in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad, such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS 111 and informs parents.

HIV/AIDS procedure

HIV virus, like other viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. Please refer to Health and Safety Policy for more detailed guidance.

- 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/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.

- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children are strongly discouraged from putting toys in mouths but if so they are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

Oral health

Little Fishes provides care for children's health by promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing. It is beneficial for us all to have a clear understanding of how to support our children with oral health. It is said that 25% of children under the age of 5 experience tooth decay. This can be a result of eating a poor diet, brushing teeth less than twice a day with appropriate toothpaste or coming from a deprived background.

It is therefore important for us to support children with oral health, as their first experiences can have a great impact on the rest of their lives. By supporting them, we can teach them about their mouths, introduce them to good habits and normalise dental visits.

- Fresh drinking water is always available and easily accessible.
- Children have their own labelled water bottles in nursery to which they can have a drink when needed throughout the session. Only water is allowed in the bottles during Nursery sessions.
- In partnership with parents, children are encouraged to use an open free-flowing cup and discouraged from using bottles and sippy cups.
- Only water and milk are served with morning snacks. Sugary drinks are not served.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are encouraged to only provide one small confectionary/sweet treat in lunch boxes if required.
- Oral health will be included in learning opportunities and activities where it is appropriate.

Teeth cleaning

Children do not need to clean their teeth at Little Fishes during the day. The setting liaises with parents and seeks advice from local oral health teams when necessary.

Dummies

If children are still using dummies when attending Little Fishes parents are advised to stop using dummies as soon as possible. If a child brings a dummy into the setting it will be placed in the child's bag until the end of the day. Dummies will not be given to comfort children during the day.

Legal references

- Medicines Act (1968)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Health and Safety (First Aid) Regulations 1981
- Food Information Regulations 2014

Further guidance

- Accident Record (Early Years Alliance 2019)
- Medication Administration Record (Early Years Alliance 2019)
- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
- Medication Administration Record (Early Years Alliance 2019)
- Guidance on infection control in schools and other childcare settings (Public Health Agency)
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf
- Infant & Toddler Forum: Ten Steps for Healthy Toddlers
www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/
- Top Tips for ditching the dummy
<https://healthforunder5s.co.uk/sections/toddler/top-tips-for-ditching-the-dummy/>

This policy was adopted on: 01/04/22
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Name of Manager: Amber Delves
Signature:



Appendix 1 – Contents and location of first aid box

- All members of staff know the location of First Aid boxes in a labelled cupboard in the kitchen, the contents of which are in line with St John’s Ambulance recommendations (see Appendix 04.1) as follows:
 - 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 6 safety pins
 - 2 large, individually wrapped, sterile, un-medicated wound dressings
 - 6 medium, individually wrapped, sterile, un-medicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
- No other item is stored in a First Aid box.