

Health – Administering medicines including Asthma

Introduction

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.

Our Aim

To ensure we meet our safeguarding and welfare requirements by having a system in place which enables us to obtain information about a child's needs for medicines, and for keeping this information up to date.

Procedures

- 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.
- The key person is responsible for the correct administration of medication to children for whom they are the key person. 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 (medicines containing aspirin will only be given if prescribed by a doctor). 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 the medication 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 to be given in the setting;
 - 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 on the medication record form each time it is given and is signed by the key person/manager and also a second member of staff who will witness that the correct medicine/dosage is

given. Parents are shown the record at the end of the day and asked to sign the record form to acknowledge the administration of the medicine. The medication record form records the:

- name of the child;
- name and strength of the medication;
- date and time of the dose;
- dose given and method;
- signature of the key person/manager
- Signature of the staff member who witnessed; and
- Parent's signature.

If you are administering any medication, please ensure you always have an adult witness to ensure the correct medication and dosage is given

Storage of medicines

- All medication is stored safely in a locked cupboard 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 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 check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

All prescribed medicines which need to be refrigerated are to be placed in the fridge and in a sealed Tupperware container with the child's name clearly labelled.

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- If you are administering any medication please ensure you always have an adult witness to ensure the correct dosage is given. The witness then signs the medication record form.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff 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.

Children who have long term medical conditions and who may require 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 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.
- 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 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 and signs it.

Asthma

- Eckington Under Fives recognises that asthma is a widespread, serious but controllable condition and the pre-school welcomes all children with asthma.
- Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the child's name. These should be kept in the medicine cabinet and accompany the child when they are off the premises.
- Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the child may need support to use this.
- Ensure health care plan is up to date and reviewed 6 monthly.
- Ensure all medication is labelled and stored correctly.
- Ensure accurate recording of any medication given and signed by the parents/carers.
- Have a delegated staff member to check the expiry date of spare reliever inhalers and maintain the allergy/medical conditions register. At Eckington Under Fives Preschool our delegated person responsible for this is Donna.

- Parents should be notified when a child has used an inhaler excessively or more regularly than usual.
- Ensures that all staff (including volunteers and temporary staff) who come into contact with children with asthma know what to do in an asthma attack.
- Only staff members who are asthma/ emergency drug trained can administer inhalers.
- Ensures that children with asthma can and do participate fully in all aspects of the preschool.
- Will work in partnership with all interested parties including the committee, all staff, nurses, parents/carers, doctors and the child to ensure the policy is planned, implemented and maintained successfully.
- If a parent does not bring in the child’s inhaler, Eckington Under Fives reserve the right to refuse the child to come to Pre-School on that day unless the parent returns with the child and their inhaler.

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 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 child’s medicine record sheet 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.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework The Human Medicines Regulations (2012)

Further guidance

Other useful Pre-school Learning Alliance publications

Medication Record (2010)

This policy was written by Maria Smith and Donna Saunders 8th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Managing children who are Sick, Infectious or with Allergies

Introduction

We 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 substance.

Our Aim

To promote the good health of children attending the setting. In cases of children becoming ill or infectious we aim to take steps to prevent the spread of infection, and take appropriate action if children are ill.

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature of above 37.8 or below 36, 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 the child on their behalf. **NB If the temperature continues to rise before collection of child then call an Ambulance.**
- If a child has a temperature, they are kept cool, by removing top clothing but kept away from draughts.
- 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 the 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 diarrhoea and sickness, parents are asked to keep children home for 48 hours after the last bout of diarrhoea or sickness.
- No Calpol will be administered at any time.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

A poster listing this information is also displayed in the main room next to the planning board for staff and parent information.

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 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/Bodily fluids 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/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 red mop and bucket; any cloths used are disposed of in a nappy sack then put in the wheelie bin straight away. **NB: Clean mop after use.**
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

Cleaning & Clearing of Bodily Fluids

When cleaning or clearing bodily fluids, employees are to adhere to the following procedures:

- Isolate the area with barriers as necessary
- Put on clean disposable gloves & white disposable apron. Clean the area using anti-bacterial cleaner* and disposable paper towels
- Place all cleaning materials and used PPE (Personal Protective Equipment) into a nappy sack and dispose of in the wheelie bin outside immediately. *In accordance with COSHH material data sheet and substance risk assessment & control methodology

Preschool Spillage Control Procedure

Introduction

Spillages of any kind present an immediate hazard to children and staff. All actions taken as a result of a spillage must be aimed at reducing the slip hazard presented. Immediate Actions Seek immediate assistance without leaving the spillage area

- Arrange for the placement of barriers in a way that will prevent access to the spillage area to passers-by.
- Arrange for the collection of the spillage control equipment from the cleaning cupboard. Deal with the spillage according to the following:

Non- Hazardous Liquid Spillages

- Use the mop and bucket to dry up as much of the liquid as possible. If necessary use paper towels to ensure the entire area is dry.
- Remove the barriers and carry out any reporting duties regarding the incident/accident.

Dry Spillages

- Sweep up the spill using the broom and/or dustpan and brush as necessary.
- Remove the barriers and carry out any reporting duties regarding the incident/accident.

Hazardous Spillages

- Spillages comprising bodily fluids are to be dealt with in accordance with the Preschool Hygiene Procedures (see above).
- Spillages of hazardous materials are to be dealt with in accordance with the appropriate Material Data Sheet and associated risk assessment & control methodology (see COSHH Inventory).

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/Asthma inhaler).
 - 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 a copy is displayed where staff can see it.
 - Medical professionals to train nominated staff in how to administer special medication in the event of an allergic reaction.
 - 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.

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.

Head Injuries

Children who sustain a head injury MUST be reviewed by a First Aider. If a child has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the child can remain in preschool whilst being observed. A head injury advice sheet must be completed and sent home.

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 will be obtained from our insurance provider 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.

Lifesaving medication and invasive treatments - EPILEPSY, ANAPHYLAXIS AND DIABETES

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). Parents have a duty and responsibility to notify the preschool if their child has any of these conditions and should provide details of any treatment and support they may require in the setting. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

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 documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Key person for special needs children

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 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 Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was written by Maria Smith and Donna Saunders on 8th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Reporting and Recording Accidents and Incidents

Introduction

At Eckington Under Fives Pre-school we understand our duty to meet safeguarding and welfare requirements in regard to keeping a written record of accidents or injuries and first aid treatments.

Our Aim

To ensure we meet the safeguarding and welfare standards in reporting incidents and accidents promptly and accurately.

Our Procedures

We follow the guidelines of the Reporting of 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.

Our accident book:

- Is kept in a safe and secure place.
- Is accessible to staff, who all know how to complete it accurately.
- Is reviewed 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 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 two or more children or adults on our premises is reported to the local Environmental Health Department.

RIDDOR

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases 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 seven 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.
- 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 Health and Safety Executive is provided in the Pre-school Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

Our incident folder

- We have ready access to telephone numbers for emergency services, including the local police.
- We ensure we have access to the person responsible for our building and that there is a shared procedure for dealing with emergencies.
- We keep an incident folder for recording major incidents, including those that are reportable to the Health and Safety Executive as above.

These incidents include:

- A break in, burglary, or 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 two or more children looked after on the 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 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 the children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, 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.

Legal framework

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

Further guidance

RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

Other useful Pre-school Learning Alliance publications

- Accident Record (2010)

USEFUL NUMBERS- POLICE NON-EMERGENCY 101

This policy was written by Maria Smith and Donna Saunders on 8th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Contenance Policy and Nappy Changing

Introduction

Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition.

The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities".

It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence. Settings are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

This policy does not cover intimate care of children with more complex health conditions e.g. catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

Our Aim

- At Eckington Under Fives Pre-school we aim for all our children to feel emotionally and physically secure in order to achieve well and enjoy their learning. We offer tailored support for the specific specialist needs of some learners.
- To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- To support staff to meet the holistic needs of children including the development of continence and independence.
- To establish good practice in the care of children with management of continence needs.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To ensure good safeguarding practice to protect children, staff, and volunteers.
- To establish partnership working between the child, the child's parents/carers and professionals involved.

Children who require support with continence development

Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

- Children with some developmental delay
- Children with physical disabilities or complex medical conditions
- Children with behavioural or emotional difficulties

Eckington Under Fives Pre-school Procedures

Environment

- ✓ We ensure we provide suitable hygienic changing facilities for changing any children who are in nappies and ensure that an adequate supply of spare clothes and other necessary items are always available.
- ✓ At Eckington Under Fives Pre-school we maintain an emergency supply of adequate resources, on occasions where our settings resources are used, parents are requested to replace them and launder spare clothes when used for their child.

Safeguarding

Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to ensure that abuse does not take place. However, to minimise risk, Eckington Under Fives Pre-school follow the following procedures:

- ✓ All staff who attend the pre-school are DBS checked and have received at least universal Safeguarding qualification, this is renewed at least every 3 years but also revisited at every staff meeting. In addition to this the Worcestershire Safeguarding Bulletin is sent to all staff when it is issued.
- ✓ All staff have read and understood our Safeguarding policy and procedures and signed to confirm this.
- ✓ We provide sufficient suitably trained staff to be able to deal with continence issues.
- ✓ All staff members must be vigilant for any indication of inappropriate practice and report such concerns to the designated person.
- ✓ If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions should be incorporated into the child's plan – e.g. two adults to be present when changing the child.
- ✓ All adults working with children have enhanced DBS clearance and should be closely supervised throughout any probationary period. Staff should only be allowed unsupervised access to children once the probationary period has been completed to the Managers satisfaction.
- ✓ Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, should always be appropriately supervised.
- ✓ Staff should be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
- ✓ Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with setting procedures.
- ✓ The adult responsible for the child (key person) is made aware when a child is being taken to the toilet or having a nappy changed.

The Health and Safety at Work Act 1974

- ✓ Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- ✓ Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- ✓ The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

Health Care Plan

The Health Care Plan pro forma must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the setting and the parent/carer. Any health professionals involved with the child should also be involved in the drawing up of the Health Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care should also be kept. The setting should send a copy of the plan to any health professionals involved with the child for comment.

The plan should be completed taking into account the following partnership working principles:

The parent should

- Agree to change the child at the latest possible time before bringing him/her to the setting.
- Provide the setting with spare nappies and a spare set of clothes if appropriate. Settings should have spare resources available for emergencies.
- Understand and agree the procedures that will be used when the child is changed at the setting – including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into setting in a named and sealed container. Setting should follow their Administration of Medication policy where appropriate, and prior written permissions should be obtained from parents/carers (Statutory Guidance EYFS 3.46.pg. 27)
- Agree to inform the setting should the child have any marks/rash in line with their safeguarding procedures.
- Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

The setting should

- Include the following in the child's Health Care plan; frequency of changing, taking into consideration their individual needs.
- Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.

- Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

Facilities

Unfortunately, at Eckington Under Fives Pre-school our building does not have a purpose built changing area. We do however have a on the wall changing mat which is situated in the toilets. Due to Moving and Handling/safety to staff, it is not always possible to lift a child onto this. If this is the case, then children are changed using a changing mat on a suitable surface taking into consideration the environment and the child's dignity in the space near the back rooms. At all times the safety of the child and staff is considered.

Written guidelines for staff

A set of written guidelines is agreed and made available to parents / carers of children for whom a Health Care Plan is in place. The following areas should be included in the care plan;

- The requirement for individual's job description to specify that they will deal with continence problems.
- Where possible the child's Key Person or appropriate adult will take responsibility for continence management.
- To protect staff from allegations, effective safeguarding procedures must be in place and followed.
- Where continence management changing will take place.
- What resources will be used; including cleansing agents / creams?
- How the nappy/pad/pull up will be disposed of.
- What infection control measures are in place?
- What the members of staff will do if the child is unduly distressed.
- What the procedures are if marks or injuries are noticed on the child.
- What the recording procedures are and how they are used to evaluate the continence management of the child.
- How continence management is recognised in setting policies and procedures (for example Safeguarding, Equality and Diversity, Special Needs).

Procedure for dealing with nappy changing to avoid cross contamination

- ✓ Staff are to wash their hands thoroughly and effectively.
- ✓ Put on new disposable apron and gloves.
- ✓ Clean mat with appropriate cleaning wipes or spray before commencing every nappy change.
- ✓ Child should be asked to lie down on the mat and if appropriate, an older child may be more comfortable standing up.
- ✓ Child can assist where appropriate to support their continence independence.
- ✓ Change child's nappy/pad/pull up.
- ✓ Put soiled nappy/pad/pull up in double nappy sacks (or in an emergency a plastic bag) and dispose of in the wheelie bin outside.
- ✓ Spray or wipe the changing mat with appropriate cleaning agent.

- ✓ Put wipes, nappy/pad/pull up, sack, apron and gloves into the wheelie bin outside.
- ✓ Wash hands and ensure the child washes hands before leaving the toileting area.
- ✓ When all toileting/ nappy changing has finished sinks are to be sanitised using appropriate cleaning products.
- ✓ Empty toilet bin when all children have been changed and re-line with clean bag if you are unable to take straight to bin.
- ✓ Dispose of the bin bag in the black wheelie bin outside of the building.
- ✓ Wash hands again.
- ✓ Where a child is on a Care Plan document the procedure you have followed on the actual Care Plan.
- ✓ Where a child is not on a Care Plan write in the toileting folder, the time you changed them, your initials and any other details deemed necessary. This is kept in the kitchen in the day box so we can communicate with parents of any toileting incidents, or progress with potty training.

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

Procedure for dealing with toileting/potty training to avoid cross contamination

- ✓ Staff are to wash their hands thoroughly and effectively.
- ✓ Put on new disposable apron and gloves.
- ✓ Ensure potties/toilet seat are sanitised before use using appropriate cleaning agents.
- ✓ Child can assist where appropriate to support their continence independence.
- ✓ Child to wash hands before leaving toilet area.
- ✓ Empty potty where necessary into toilet and flush.
- ✓ Sanitise potty/toilet seat and dispose of gloves, apron and wipes in double nappy bag and place in wheelie bin outside. If cannot take immediately to the bin outside put in the bin in the toilet until you are able to take outside.
- ✓ Staff to wash hands then sanitise sink area.

This policy was written by Maria Smith and Donna Saunders on 8th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Hygiene

Introduction:

Eckington Under Fives Preschool takes hygiene seriously and aims to maintain a high standard of hygiene within the setting. Maintaining good hygiene practices helps to eliminate the spread of illness and limits outbreaks of reportable diseases. We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up to date with the latest recommendations. Links to Every Child Matters outcomes; Unique Child Keeping Safe 1:3 Health and wellbeing 1;4 Enabling Environment The wider context 3;4.

Our Aim:

Eckington Under Fives Preschool aims to try to prevent any spread of infection to ensure that we maintain good health. Our staff have a secure knowledge of our policies and arrangements for health and hygiene and are committed to adhere to the agreed procedures that aim to promote children's good health.

Procedures

- ✓ Daily risk assessments are in place and will be completed on daily to ensure the environment and equipment are clean and safe both inside and outside the setting before the children come in.
- ✓ Practitioners will ensure that the toilet area, nappy changing mats, all play areas, kitchen area, and eating area are cleaned before and after the sessions on a daily basis, using gloves and cleaning detergents.
- ✓ Outdoor equipment will be checked and cleaned daily, water will be replaced daily and sand trays covered and replaced as needed throughout the term.
- ✓ Children will be encouraged in our daily routines to learn about personal hygiene and spread of infection by: Washing hands after using the toilet (There will be photos in place for children to identify this) washing hands under running water before snack time and lunch times using an antibacterial hand wash. Using individual paper towels to dry hands after washing.
- ✓ Covering the mouth with hands / tissue when coughing / sneezing. Wiping their noses and disposing the soiled tissue in the toilet. Staff to ensure there are adequate amounts of tissue available and antibacterial gel available to staff.
- ✓ Our staff will have awareness training and whenever possible will attend training for Health and Hygiene to ensure that we maintain the high standard of hygiene we offer.
- ✓ Staff will also demonstrate good hygiene practice by: Washing hands at all times before handling food and washing hands after using the toilet.
- ✓ All surfaces cleaned daily with appropriate cleaners.
- ✓ Never cough / sneeze over food.
- ✓ Any spills of body fluids / blood will be wiped up and double bagged before being binned and then the area of the spillage will be mopped using hot water and appropriate cleaners using the correct coloured mops – Staff will always use disposable aprons / rubber gloves when cleaning body fluids.

- ✓ Wearing disposable aprons/gloves when cleaning spillage of any bodily fluid
- ✓ Staff to use correct colour coded cloths and mops / buckets to clean different areas.
- ✓ The pre-school regularly cleans the resources and equipment and dressing-up clothes. This is recorded in the cleaning schedule which is monitored by a designated member of staff.

This policy was written by Maria Smith and Donna Saunders on 9th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Food and Drink

Introduction

Eckington Under Fives Pre-school regards snack and meal times as an important part of the pre-school's session. Eating represents a social time for children and adults and helps children to learn about healthy eating. There is a snack time each morning and on a Monday and Wednesday there is a lunch club

Our Aim

To ensure Eckington Under Fives Pre-school is a suitable, clean and safe place for children to be cared for, where they can grow and learn. We aim to encourage parents to provide a healthy and nutritious snack and lunch box which meets the child's individual dietary requirements.

Our Procedures

- ✓ Before a child starts to attend our pre-school, we find out from parents their children's dietary needs and preferences, including any allergies.
- ✓ Information about each child's dietary needs is recorded on her/his admissions 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 along with allergies and medical conditions so that all staff are fully informed about them. This is in the kitchen on the inside of the Pre-School cupboard. Staff are aware of where this is situated, one is also displayed on the inside of the office cupboard.
- ✓ 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 take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known nuts allergy.
- ✓ 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, assisting with partially opening packets/bananas for them and encourage children to open the rest.
- ✓ 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. To develop independence, we encourage children to help themselves during the session/day to fresh water, by pouring it themselves, an adult is always to hand to assist if they require assistance. Then put the used cup in the black bowl under the snack table

- ✓ We inform parents who provide food for their children about the storage facilities available in the setting.
- ✓ For children who drink milk, we provide semi-skimmed pasteurised milk.
- ✓ Risk assessments are put into place for each individual child who has a food allergy or specific dietary requirement.

Packed Lunches

- ✓ Children who stay for lunch are asked to bring their own healthy packed lunch in a named lunch box with a drink.
- ✓ We give parents who provide food for their children information about suitable containers for food.
- ✓ We request parents to save sweet treats for home and not to bring them into preschool.
- ✓ In order to protect children with food allergies, we have rules about children sharing and swapping their food with one another.
- ✓ Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- ✓ We advise parents to ensure perishable contents of the packed lunches contain a frozen ice pack to keep food cool.
- ✓ We encourage healthy sandwich fillings, fruit and milk and discourage fizzy drinks, crisps and processed food.
- ✓ We ask parents not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known nut allergy.
- ✓ We provide parents with ideas of what to put in lunchboxes and portion sizes.
- ✓ We ask parents to cut in half grapes and cherry tomatoes due to these causing a choking hazard.
- ✓ We discourage parents from sending in food that needs preparing or warming up.
- ✓ We ensure that staff sit with the children to eat their lunch so that mealtime is a social occasion and so staff can assist children with opening containers and packages but allowing them to keep their independence.

Legal references

The Childcare Act 2006

This policy was written by Maria Smith and Donna Saunders on 9th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature:

Health – Food Hygiene

Introduction

At Eckington Under Fives Pre-school we recognise we have a responsibility and duty of care when dealing with the preparation and serving of food.

Risk assessment is the key means through which this is achieved

Our Aim

We aim to maintain the highest possible food hygiene standards. We aim to ensure that our setting is suitable, clean and safe for children to be cared for, where they can grow and learn. We aim to meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant early year's foundation stage welfare requirements.

Procedures.

- Staff who prepare and handle food receive appropriate training and understand - and comply with - food safety and hygiene regulations, Parent helpers are instructed in how to follow food safety and hygiene regulations.
- All food and drink are stored appropriately.
- Adults do not carry hot drinks through the play area and do not place hot drinks within reach of children. Adults drink only in or near the kitchen area.
- Snack and meal times are appropriately supervised, and children do not walk about with food and drinks.
- Fresh drinking water is available to the children always.
- We operate a healthy eating policy which encourages parents to send in a healthy snack and lunch box.
- 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.
- Parents are expected to provide icepacks in children's lunchboxes in warm weather.
- Food preparation areas are cleaned before use as well as after use.
- 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 always.
- Understand the importance of hand washing and simple hygiene rules.
- Are kept away from hot surfaces and hot water.
- Do not have unsupervised access to electrical equipment such as blenders etc.
- Not encouraged to lick spoons, knives, fingers and made aware of why not too.

This policy was written by Maria Smith and Donna Saunders on 9th November 2017	
Approved by Eckington Under Fives Committee	
Name:	Position:
Date:	Signature: