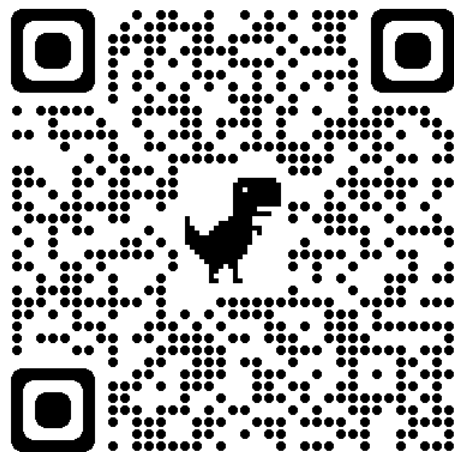




## Health Policy booklet



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## 04 Health policy

(Alongside associated policies and procedures in 04.01-04.06)

### Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They 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 and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

### 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)

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## 04 Health Policy

### Contents

04.01	- Accidents and Emergency treatment
04.02	- Administration of medication
04.03	- Life-saving medication and invasive treatments
04.04	- Allergies and Food Intolerance
04.05	- Poorly children
04.06	- Oral health

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## 04 Health procedures

### 04.01 Accidents and emergency treatment

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

SF Newlands	SF Redbridge	SF Tanners Brook	SF Spring Road
Katrina G	Abby L	Carly B	Paula

The setting 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 03 Food safety and nutrition policy.

- Parents consent to emergency medical treatment consent on registration
- All staff are paediatric first aiders or booked onto a course within the first three months of their employment. Staff regularly update their training and First Aid certificates are renewed at least every three years. New staff members are trained in Paediatric first aid and first aid at work
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations 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, unmedicated wound dressings
  - 6 medium, individually wrapped, sterile, unmedicated wound dressings
  - a pair of disposable gloves
  - adhesive tape
  - a plastic face shield (optional)
- No other item is stored in a First Aid box

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- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer
- The Health and Safety Officer is responsible for checking and replenishing the First Aid Box contents
- A supply of ice packs are kept in the main kitchen fridges
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on a Sticky Fingers reporting form. Parents may have a photo-copy of the accident form on request
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case 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
- Following the parents signing the form, it will then be scanned on to the child's individual file on CPOMS and the paper copy kept until the child is 21 years old or 25 if the child has Special Educational Needs or Disabilities

### **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, 06.08 Death of a child on site procedure is implemented and the police are called immediately
- The child's enrollment 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 to

### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the Designated Safeguarding Lead/Deputy who notifies the Designated Safeguarding Officer and records the incident on the child's file on CPOMS as soon as possible

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- The Lead Practitioner is consulted before a RIDDOR report is filed by the managers
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and scanned onto CPOMS and one for the local authority Health and Safety Officer
- The owners/directors/trustees are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given 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 owners/directors/trustees, inform local child protection agencies of these events

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## 04 Health procedures

### 04.02 Administration of medicine

Key people 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 absolutely 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. The setting 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 their key person/manager. The setting manager should be also be informed by the person filling out the form.

All staff members will be informed and asked to sign the medication form once this has been approved by the manager/deputy.

- 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.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth

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- 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

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored in a marked box in the main kitchen fridge.

- 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. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- 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 either in the child's individual medication bag or near the fire exit door.

- The medicine record form records:
  - name of child
  - name and strength of medication
  - the date and time of dose
  - dose given and method



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- signed by key person/Lead Practitioner
- verified by parent signature at the end of the day

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 assessments are carried out for children that require ongoing medication. This is the responsibility of the setting's lead practitioner and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to their child's risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factors 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.
- A 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.

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## **Managing medicines on trips and outings**

- Children are accompanied by their key person/parent, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

## **Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or in the office in the medication box. The manager must be made aware of any contra-indications (side effects) for the medicine so that they can risk assess and take appropriate action as required.

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## 04 Health procedures

### 04.03 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 staff member 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

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- 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
- a healthcare 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 book 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 staff member trained by the 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 educator applying the technique in the first instance.

### **Safeguarding/child protection**

- Staff members recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a staff member 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.**

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## 04 Health procedures

### 04.04 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 an allergy or food intolerance, a 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
- A 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)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
- Parents show staff how to administer 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.
- Any foods containing food allergens are identified on children's menus.

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## Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment 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.

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## 04 Health procedures

### 04.05 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea\* and/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 to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts (while waiting for the child to be collected by an appropriate adult.).
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- 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.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- 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 Lead Practitioner notifies their manager if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.

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- 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 NHS111 and informs parents.

\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

([www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))

### **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.

- 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 bagged and labelled 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.
- Mouthed toys 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.

### **\*\*Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is



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an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. Ofsted is normally in agreement with this. 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. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

*Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.*

#### **Further guidance**

[Good Practice in Early Years Infection Control](#) (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](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

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## 04 Health procedures

### 04.06 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionery as a snack or treat.

#### **Where children clean their teeth when at the setting**

- Children are encouraged to brush their teeth as part of the daily routine. Teeth should not be cleaned for at least one hour after a meal as this can cause loss of enamel.
- Each child has their own toothbrush, which is stored individually to prevent accidental contact and cross contamination.
- A small amount of toothpaste is put onto a blue paper towel before applying to the brush to prevent cross contamination.
- Toothbrushes are cleaned at each session and sterilised weekly in Milton or similar disinfecting fluid.
- Toothbrushes are changed every three months
- Oral hygiene activities are included in planning every three months when toothbrushes are changed.
- The setting co-ordinates with local oral health and ensure procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.

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## **Pacifier/Dummies**

- Parents are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents are told that this has happened

## **Further guidance**

Infant & Toddler Forum: Ten Steps for Healthy Toddlers

[www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/](http://www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/)

- Smoking is not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.
- Alcohol must not be brought onto the premises for consumption.

Amended: September 2023

Manager on behalf of Sticky Fingers: