4. Health Policy

Table of contents

Health policy overview

The aim of the health policy is to ensure 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

Early Years Foundation Stage 2025

Further guidance

Accident Record (Alliance Publication)

Allergy action plan

Health policies and procedures

1. Accidents and emergency treatment

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

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 the food safety policy.

- Parents/ carers' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate must always be on the premises and available when children are on the premises and must accompany children on outings. We try to ensure all staff are paediatric first aid trained and regularly update their training. We take into account the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies.
- Students and trainees have PFA training to be included in ratios at the level below their level of study.
- First Aid certificates are renewed at least every three years. In line with the EYFS, all staff who obtained a level 2 and/ or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work to be counted in ratios.
- 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.
- Vinyl single use gloves are also 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.
- Cold compresses are stored in the fridge and easily accessible by staff.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on EYLog.

Minor accidents or injuries

- In the event of minor injuries or accidents, parents/ carers 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.
- In the event of a head injury parents will be contacted 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.

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, 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/ 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 setting manager notifies the trustees using Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.
- The 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 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 trustees, inform local child protection agencies of these events.

2. Administration of medicine

The manager or deputy are responsible for administering medication; 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 24 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/ carer's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs the manager or deputy. A medication form will be completed on EYLog.
- The manager or deputy will ensure that all staff are aware of which child has been prescribed medication.
- 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 if prescribed.
- 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/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication will complete a medication form on EYLog for parents to sign. No medication is given without these details:
    - full name of child and date of birth
    - name of medication and strength
    - dosage to be given
    - how the medication should be stored and expiry date
    - signature and printed name of parent/carer and date

Storage of medicines

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

- All staff are responsible for ensuring medicine is handed back at the end of the day to the parent/ carer.
- If medicine requires refrigeration it is stored in a clip box in the fridge, the box is labelled, all other medication is stored in the kitchen out of reach of children.

- For some conditions, medication for an individual child may be kept at the setting, a healthcare plan form must be completed. The manager or deputy checks that it is in date and returns any out-of-date medication to the parent/ carer.
- Parents/ carers 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 logged on EYLog and is available for all staff members to access.

The medicine record on EYLog records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting manager
- verified by parent/ carer signature on EYLog.

A witness signs the medicine report 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 staff 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 several 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 or deputy. Other medical or social care personnel may be involved in the risk assessment.
- Parents/ carers contribute to 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.
- Health care plan form is completed fully with the parent/ carer; outlining staff'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 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.
- If a child on medication must 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 away from the children. The manager must be made aware of any contra-indications for the medicine so that they can assess and take appropriate action as required.

3. 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 considers 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 educator 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/carers 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 on EYLog 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 educator applying the technique in the first instance.

Safeguarding/ child protection

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

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

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

4. Allergies and food intolerance

When a child starts at the setting, parents/ carers 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 generic 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
  - 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.
- All staff to be trained on administering medication if not included in first aid training.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
- Generally, no nuts or nut products are used within the setting.
- Parents/ carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified.

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/carers' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to administration of medicine

5. 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/ carers and asks them to collect the child or send a known carer to collect on their behalf. (*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.)
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children <u>are not</u> undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using a digital head thermometer.

- If a child's temperature does not go down, and is worryingly high, then liquid paracetamol may be given after gaining verbal consent from the parent/ carer where possible. This is to reduce the risk of febrile convulsions.Parents/ carers sign the medication record on EYLog.
- In an emergency an ambulance is called, and the parents/ carers are informed.
- Parents/ carers 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/ carers are asked to keep them at home for 24 hours unless otherwise stated by a GP.
- After diarrhoea or vomiting, parents/carers 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 setting manager notifies the trustees 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 setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA), Ofsted, or the childminder agency 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 NHS111 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.

- 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 double bagged and placed in the bin.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Baby mouthing 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.

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 an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. In all cases, parents must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. 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.

6. Infection control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the UK Health Security Agency (UKHSA)

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA or may wish to contact them for further advice.

7. 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 always available.
- Sugary drinks are not served.
- Only water and milk are served with morning snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents/ carers are discouraged from sending in confectionery as a snack or treat.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.

Pacifiers/ dummies

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

Exclusion table

Infection	Exclusion period
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over
Conjunctivities	None
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.
Diphtheria	Exclusion is essential
Flu (influenza) or other influenza like illness	Until recovered
Glandular fever	None
Hand foot and mouth	None
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment
Measles	4 days from onset of rash and well enough
Meningitis (bacterial)	Until recovered
Meningitis (Viral)	None
Mumps	5 days after onset of swelling
Rubella	5 days from onset of rash
Scarlet fever	Excluded until 24 hours after starting treatment
Slapped cheek/ Fifth disease/ Parvovirus	None (once rash has developed)
TB	Until at least 2 weeks after the start of effective antibiotic treatment
Whooping cough	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return