

4.0 Managing children who are sick, infectious, or with allergies

Policy statement

We aim to 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 trigger.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager or deputy will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a digital ear thermometer, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After sickness or diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times.

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 Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and act[s] on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Head lice

- Head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.

- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting however staff must be aware that children's lunches from home may contain nuts.
- Parents are made aware if there is a nut allergy so that no nuts or nut products are sent in.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We 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 our insurance provider.
- Life-saving medication and invasive treatments:

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

 - We 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 our 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

insurance provider. Written confirmation that the insurance has been extended will be issued by return.

- Key person for special needs 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 and manager must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to our insurance provider. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we will contact our insurance provider.

6.1 Administering medicines

Policy statement

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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, 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.

Our staff are responsible for witnessing the correct administration of medication to children for whom they are the key person, the manager or deputy will always administer the medication. 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/deputy are responsible for the overseeing of administering medication. I notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel is not administered unless it is an emergency. NB We may administer children's paracetamol (un-prescribed) for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.

- Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent 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 and times to be given in the setting
 - the time of last dose
 - the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately on our medication record sheet each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant members 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.

- We monitor the medication record book is monitored to look at the frequency of medication given in the setting. 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.

Storage of medicines

- All medication is stored safely out of reach of children 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.

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.

- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan 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 individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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, the original pharmacist's label 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. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, I will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

4.2 Recording and reporting of accidents and incidents

Policy statement

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.

Procedures

Our accident folder:

- is kept in a safe and secure place;
- is accessible to our staff and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - food poisoning affecting 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.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
 - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
 - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.

- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded on our accident form.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- 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 Red Book 2018-2019. Any dangerous occurrence is recorded on our incident form.

Incident form

- We have ready access to telephone numbers for emergency services, including the local police. We rent our premises and ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager risk assesses this situation and decides if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident folder for recording major incidents, including some of those that that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or our setting's property
 - an intruder gaining unauthorised access to our premises
 - a fire, flood, gas leak or electrical failure

- an attack on an adult or child on our premises or nearby
- any racist incident involving families or our staff on the setting's premises
- a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises
- the death of a child or adult
- a terrorist attack, or threat of one
- On the incident form 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 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 our staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on our premises, through cot death in the case of a baby for example, 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.

Common Inspection Framework

- As required under the *Common Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

Further guidance

- Common Inspection Framework: Education, Skills and Early Years (Ofsted 2015)
- Early Years Inspection Handbook (Ofsted 2015)

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

4.3 Nappy changing

Policy statement

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

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

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

Procedures

- We check children's nappies throughout the sessions and change them when necessary.
- Babies and young children are changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child's attention.
- Each child has their own bag to hand with their nappies or pull ups and changing wipes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. The nappy changing station is cleaned with Dettol between each use.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.

- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. The nappy or pull up is bagged and put in the nappy bin provided. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.
- All nappy changes are recorded daily to include the time, the member of staff that attended and whether the nappy was wet or soiled.

4.4 Food and drink

Policy statement

We regard snack and meal times as an important part of our day. Eating represents a social time for children and adults, and helps children to learn about healthy eating. We promote healthy eating and offer a range of activities and experiences to encourage a healthy lifestyle. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form 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 updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- 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 plan menus in advance, involving children and parents in the planning.
- We display the snacks offered each day for parents to view.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
 - meat, fish and protein alternatives;
 - dairy foods;
 - grains, cereals and starch vegetables; and
 - fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.

- We take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
- We show sensitivity in providing for children's diets and allergies. We 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 adults participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi-skimmed pasteurised milk.

Packed lunches

We cannot provide cooked meals and children are required to bring packed lunches, we:

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, We can only provide cold food from home. We discourage sweet drinks and can provide children with water or diluted fresh fruit juice;

- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- ensure that adults sit with children to eat their lunch so that the mealtime is a social occasion.

Legal framework

- Regulation (EC) 853/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further guidance

- Safer Food, Better Business (Food Standards Agency 2011)

4.5 Food hygiene

Policy statement

We provide and serve food for children on the following basis:

- Snacks.
- Packed lunches.

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

Procedures

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business for Caterers (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
 - All our staff follow the guidelines of Safer Food, Better Business.
 - All our staff who are involved in the preparation and handling of food have received training in food hygiene.
 - The person responsible for food preparation and serving carries out daily checks on the kitchen to ensure standards are met consistently.
 - We use reliable suppliers for the food we purchase.
 - Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
 - Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
 - Food preparation areas are cleaned before and after use.
 - There are separate facilities for hand-washing and for washing-up.
 - All surfaces are clean and non-porous.
 - All utensils, crockery etc. are clean and stored appropriately.
 - Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:

- are supervised at all times;
- understand the importance of hand-washing and simple hygiene rules;
- are kept away from hot surfaces and hot water; and
- do not have unsupervised access to electrical equipment, such as blenders etc.

Reporting of food poisoning

Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.

- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

Further guidance

Safer Food Better Business (Food Standards Agency 2011)