



A member of the Pre-School Learning Alliance
Registered Charity 1027219

New Moreton Hall Pre-School
Sebert Road
Bury St. Edmunds
Suffolk
IP32 7EG
01284 702129
newmoretonhps@yahoo.co.uk

6.0 - HEALTH

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.

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 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.

These procedures are written in line with guidance *in Managing Medicines in Schools and Early Years Settings*; the Manager is responsible for ensuring all staff understand and follow these procedures.

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.

Procedures

- ❖ 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 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;



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- 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 child's key worker is responsible for receiving medication for any of their key children, ensuring parents complete a medication consent form and ensuring the Manager/Deputy Manager are made aware. In the absence of the child's key worker this will be carried out by the Manager/Deputy Manager.

The Manager/Deputy Manager are responsible for ensuring all staff are aware of the child's medication and the possible side effects, to look out for, in case these should occur.

- ❖ The administration of medicine is recorded accurately, on our medication record form, each time it is given and is signed by the person administering the medication. Administering of medication is verified by a second person and where possible this shall be the key person (where not administering), Setting Manager or Deputy Manager, who will also sign the medication record. Parents are shown the record at the end of the day/session and asked to counter sign the record to acknowledge the administration of the medicine. The medication record records the:
 - name of the child;
 - name and strength of the medication;
 - date and time the medication is administered;
 - dose given and method;
 - name and signature of the person administering the medication;
 - name and signature of the person verifying the administration of the medication; and
 - parent's signature.
- ❖ Details on our medication record form, used for recording the administration of medicine, are based on the information in the Pre-school Learning Alliance's Medication Record book and comply with the detailed procedures set out in that publication.

Storage of medicines

- ❖ All medication is stored safely in a secure 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 cupboard is situated within the pre-school room and is accessible for staff when needed but not accessible to children. All staff are aware of this and would be informed verbally on the day about any medication requirements.
- ❖ 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



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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.

- ❖ 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 Setting 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, signs it.



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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 the medication record sheet to record the dosage and time it has been given.
- ❖ On returning to the setting the medicine record is signed by the parents/carers and filed with the child's records.
- ❖ 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

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

This policy was adopted at a meeting of **New Moreton Hall Pre-School**

Held on _____

Date to be reviewed _____

Signed on behalf of the management
/committee _____

Name of signatory _____

Role of signatory (chair/manager) _____

Other useful Pre-school Learning Alliance publications

- Medication Record (2010)
- Daily Register and Outings Record (2012)



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6.0 - HEALTH

6.2 Managing children who are sick, infectious or with allergies

(Including reporting notifiable diseases)

Policy Statement

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.

Procedures for children who are sick or infectious

- ❖ If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the Manager, Deputy Manager or session Lead calls the parents and asks them to collect the child, or 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 an electronic thermometer, kept in the first aid box.
- ❖ 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, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- ❖ After vomiting, parents are asked to keep children home for 48 hours following the last time of vomiting.
- ❖ 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.

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.



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- ❖ 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 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 for parents to collect.
- ❖ Spills of blood, urine, faeces or vomit are cleared using a mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- ❖ Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant or discarded if too badly affected to thoroughly clean.

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.

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).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review.
- ❖ This form is kept in the child's personal file and the information is displayed where staff can see it.
- ❖ Parents train staff in how to administer special medication in the event of an allergic reaction.



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- ❖ 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.

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 from your insurance provider must be obtained 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 parent's or guardian's, prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life-saving medication and invasive treatments

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).

- ❖ 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 (if you have another provider,



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please check their procedures with them). 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 (if you have another provider, please check their procedures with them). 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)

Other useful Pre-school Learning Alliance publications

- ❖ Good Practice in Early Years Infection Control (2009)

This policy was adopted at a meeting of **New Moreton Hall Pre-School**

Held on

Date to be reviewed

Signed on behalf of the management /committee

Name of signatory

Role of signatory (chair/manager)



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6.0 - HEALTH

6.3 Recording and reporting of accidents and incidents

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

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 records are:

- kept in a safe and secure place;
- accessible to staff and volunteers, who all know how to complete them; and
- 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; and
 - 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 (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;



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- any death, of a child or adult, that occurs in connection with activities relating to our work; and
- 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 book

- ❖ We have ready access to telephone numbers for emergency services, including the local police. We rent our premises but have access to the person responsible for contacting gas and electricity emergency services and a carpenter or plumber if required. We ensure there is a shared procedure for dealing with emergencies.
- ❖ We keep an incident book 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, and
 - 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 their key 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.



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Legal framework

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

Further guidance

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

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Held on

Date to be reviewed

Signed on behalf of the management /committee

Name of signatory

Role of signatory (chair/manager)

Other useful Pre-school Learning Alliance publications

- Accident Record (2010)
- Reportable Incident Record (2012)



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6.0 – HEALTH

6.4 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

- ❖ Children from two years should normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and their parents agree.
- ❖ Key persons undertake changing children in their key groups. When a child's key persons is absent this will be undertaken by another key worker.
- ❖ Changing areas are warm with safe areas to lay children, if necessary.
- ❖ Each child has their own bag to include their own changing items.
- ❖ Gloves and aprons are put on by staff before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- ❖ All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- ❖ In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- ❖ Children are encouraged 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.
- ❖ Children are encouraged 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.
- ❖ Anti-bacterial hand wash liquid or soap should not be used 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.
- ❖ Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- ❖ Key persons do not make inappropriate comments about children's genitals when changing their nappies.



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- ❖ Older children access the toilet when they have the need to and are encouraged to be independent.
- ❖ Nappies and pull ups are disposed of hygienically; bagged and put in the nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent 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.

This policy was adopted at a meeting of **New Moreton Hall Pre-School**

Held on -----

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Signed on behalf of the management /committee -----

Name of signatory -----

Role of signatory (chair/manager) -----



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6.0 – HEALTH

6.5 Food and drink

Policy Statement

Our provision regards 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 using resources and materials from the Pre-school Learning Alliance. 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, 6.2.)
- ❖ 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 up-dated record to signify that it is correct.
- ❖ We display current information about individual children's dietary needs so that all 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 display the menus of snacks for parents to view.
- ❖ We provide nutritious food for all meals/snacks, avoiding large quantities of saturated fat, sugar, salt and artificial additives, preservatives and colouring.
- ❖ Hot lunches can be provided via the Sebert Wood Primary School kitchen which 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 try to 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 are especially vigilant where we have a child who has a known allergy to nuts.



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- ❖ Through discussion with parents and research reading by staff, 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 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 encourage all children to bring in a piece of fruit.
- ❖ 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, 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.
- ❖ In accordance with parents' wishes, we offer children arriving early in the morning, and/or staying late, an appropriate meal or snack.
- ❖ We inform parents who provide food for their children about the storage facilities available in the 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.
- ❖ We provide semi-skimmed pasteurised milk for those children who drink it, although we can provide whole milk for younger children or where parents/carers request it.
- ❖ We provide parents/carers with feedback about feeding routines, intake and preferences.

Packed lunches

Where parents prefer their children to bring a packed lunch, 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;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, where we can only provide cold food from home. We discourage sweet drinks and can provide children with water;
- 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



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return this food to the parent as a last resort;

- check ingredients of food items for allergen content. Where nuts are included or allergies cannot be confirmed we reserve the right to return the food item to the parents.
- provide children bringing packed lunches with plates, cups and cutlery; and
- ensure staff sit with children whilst they eat their lunch so that the mealtime is a social occasion.

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)

This policy was adopted at a meeting of **New Moreton Hall Pre-School**

Held on

Date to be reviewed

Signed on behalf of the management /committee

Name of signatory

Role of signatory (chair/manager)

Other useful Pre-school Learning Alliance publications

- Nutritional Guidance for the Under Fives (Ed. 2010)
- The Early Years Essential Cookbook (2009)
- Healthy and Active Lifestyles for the Early Years (2012)



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Registered Charity 1027219

New Moreton Hall Pre-School
Sebert Road
Bury St. Edmunds
Suffolk
IP32 7EG
01284 702129
newmoretonhps@yahoo.co.uk

6.0 – HEALTH

6.6 Food hygiene

(Including the procedure for reporting food poisoning)

Policy Statement

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

- Snacks.
- Meals (provided by Sebert Wood Primary School).
- Packed lunches.

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

We are registered as a food provider with the local authority Environmental Health Department.

Procedures

- ❖ The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in *Safer Food, Better Business (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 staff follow the guidelines of *Safer Food, Better Business*.
- ❖ All staff 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 opening and closing checks on the kitchen to ensure standards are met consistently. (*See Safer Food, Better Business.*)
- ❖ 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 use as well as 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.



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- ❖ 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 the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- ❖ Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, 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)

This policy was adopted at a meeting of **New Moreton Hall Pre-School**

Held on

Date to be reviewed

Signed on behalf of the management /committee

Name of signatory

Role of signatory (chair/manager)



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6.0 – HEALTH

6.7 Basic kitchen opening and closing checks template

NEW MORETON HALL PRE-SCHOOL

This form is for small early years settings providing snacks and/or packed lunches only. Settings providing full meals should use Safer Food Better Business opening and closing checks.

Enter a tick ✓ and initial if satisfactory. Enter X and initial if not satisfactory and make a note below. Add action taken and if problem is resolved, sign and date.

TO BE COMPLETED DAILY

Mon Tues Wed Thurs Fri

Opening checks date:

Completed by (initial):

Personal hygiene:

- Hands washed.
- Clean apron.
- Hair tied back.

Fridges/freezers:

- Working properly.
- Temperature checked – record temps.
- Raw and cooked food separate.
- Separate containers for shared fridge.

Appliances working:

- Cooker.
- Microwave.
- Kettle.
-

Cloths clean:

- Dish.
- Surface.
- T-towels.



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Children's food allergies checked (see list).

- Food fresh and in-date.
- Packed lunches checked and used within 4 hours of prep.
- No physical or chemical or pest contamination of stored food.

Closing checks date:

Completed by (initial):

- Unused food put away correctly.
- Leftover food/past sell-by-date food discarded.
- Crockery and utensils washed up and put away dry.
- Rubbish removed/bin cleaned.
- Dirty cloths removed for washing and replaced.
- Work surface clean and disinfected.
- Floors clean.

Report any problem(s) here

Action taken

Further guidance

* Safer Food Better Business (Food Standards Agency 2011)



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6.0 - HEALTH

6.8 Sun Protection Policy Guidelines

Policy Statement

It is important for all children to have access to fresh air and outdoor activity to be able to play, learn and develop. In order for them to do this safely in the sun the Pre-School and parent / carers will follow the guidelines set out in this policy.

The Pre-School parents /carers are required to:

- ✓ Take responsibility for applying sun cream to your child/ren before the start of the morning or afternoon session. Sun cream is available at the Pre-School for you to apply if you forget. The sun cream we use is: Nivea Sun Kids Protect & Sensitive sun-spray 50+.
- ✓ Provide sun cream for your child/ren who is/are unable to use the sun cream which the Pre-School use and provide. This cream must be clearly labelled with the name of your child/ren and handed to a member of staff.
- ✓ Provide your child/ren with a named hat. The Pre-School has a selection of hats available if you forget to supply one.
- ✓ Grant permission for sun cream to be re-applied to your child/ren by the Pre-School staff. If permission has not been granted for the use of the Pre-Schools sun cream and the child is not provided with their own then we cannot allow your child/ren to take part in outside activities.

The Pre-School staff are required to:

- ✓ Speak to the children at story times about the weather changes and the importance of keeping safe in the sun.
- ✓ Encourage the older children to be independent and cream themselves under supervision.
- ✓ Encourage the children to wear a hat at all times when taking part in outside activities.
- ✓ Use gazebos to help shade the children from the sun when they are playing outside.
- ✓ Monitor the length of time the children spend outside on hot days.
- ✓ Encourage the children to drink more water when the weather is hot.



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/committee

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6.0 - HEALTH

6.9 Clothing, Shoe & Jewellery Policy

Policy Statement

At New Moreton Hall Pre-school we believe the Health and Safety of the children attending is of paramount importance. In order for children to be able to experience all the resources on offer it is important that they wear clothing and shoes that are suitable for the activities they are undertaking. We believe all children should be able to access outdoor, as well as indoor, activities to be able to play, learn and develop. In order for them to do this safely it is important for parents / carers to follow the guidelines set out in this policy.

The Pre-School parents /carers are required to:

- ✓ Ensure children wear suitable clothing, taking the weather conditions into account.
- ✓ **Remember** some of the activities on offer can be messy i.e. painting and muddy play, so please ensure children wear clothes which you are happy for them to get messy.
NB: We would sooner a child engage in a wide range of activities than miss out on an opportunity due to not choosing to wear an apron.
- ✓ Ensure clothing is clearly labelled with your child's name.
- ✓ Ensure children wear sturdy, well fitting shoes which are suitable for all activities.
NO Crocs or open-toed shoes or sandals please.
Acceptable footwear: trainers, sturdy canvas shoes, leather shoes
NB: Children will not be permitted to take part in certain activities, such as playing on the climbing frames and bikes, if they are wearing unsuitable footwear.
- ✓ Ensure children do not wear jewellery.
NB: where children have pierced ears or you wish them to wear jewellery for religious or cultural reasons we request parents/carers to sign a disclaimer.

The Pre-School staff are required to:

- ✓ Prevent children from doing activities they are not suitably dressed for i.e. not going out in cold weather without a coat, not going on the outdoor play equipment without suitable footwear.
- ✓ Ensure aprons are always readily available and encourage children to wear an apron when taking part in messy activities.
- ✓ Prevent children, wearing items of jewellery, from doing activities where there is a risk to their health and safety.



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NB: Unless a disclaimer has been signed, staff would remove items of jewellery, keep in a safe place and give to parents/carers at collection.

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Signed on behalf of the management /committee -----

Name of signatory -----

Role of signatory (chair/manager) -----