

## Health Policy

### 4.1 Administering Medicines and Un-well Children

At Steps Pre-School, 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. However 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 GP's 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 no adverse effects are experienced, as well as to give time for the medication to take effect.

- The key person, where available, is responsible for the correct administration of medication to children for whom they are the key person.
- The key person for the child, where available, ensures that parent/carer 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/lead practitioner for the session is responsible for the overseeing of administering medication.
- Children taking prescribed medication must be well enough to attend the setting.
- Medication prescribed by a doctor (or other medically qualified person) is administered. 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, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- All 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, including that which may be required on an ad-hoc basis. 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:
  - ◆ full name of child and date of birth;
  - ◆ name of medication and strength;
  - ◆ who prescribed it;
  - ◆ dosage to be given in the setting;
  - ◆ how the medication should be stored and expiry date;
  - ◆ any possible side effects that may be expected should be noted; and
  - ◆ signature, printed name of parent/carer and date.
- The administration is recorded accurately each time it is given and is signed by one member of staff and witnessed by another member of staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record records:
  - ◆ name of child;
  - ◆ name and strength of medication;
  - ◆ the date and time of dose;
  - ◆ dose given and method; and is



- ◆ signed by key person and staff witness; and is
  - ◆ verified by parent/carer signature at the end of the session.
- If a child becomes un-well whilst in our care, a member of staff cares for the child in a quiet space away from other children as much as is possible.
- Parents are informed of their child's condition and asked to collect them as soon as possible.
- Parents are advised to keep their children at home for the period of time recommended by the Health Protection Agency in the Guidance on Infections Control in Schools and Other Childcare Settings.

#### *Storage of medicines*

- All medication is stored safely in a cupboard or refrigerated within the locked kitchen. 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, or another member of staff if key person is unavailable, 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. The member of staff responsible for checking the contents of the First Aid kit checks that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns 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 on ongoing medication*

- An Allergies/Illnesses form is completed by parents of each child that suffers from an ongoing medical condition that may require medication.
- The form completed by the parent/carer states what action staff should take in a medical emergency.
- All Allergy/Illness forms are kept in the medical folder situated on the hatch of the kitchen
- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person.
- 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 is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.

#### *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, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- 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, name of the medication. Inside the box is a copy of the consent form signed by the parent.

## 4.2 Managing children who are sick, infectious, or with allergies

At Steps 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 – we will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- 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 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, we inform Ofsted and contact Public Health England, and act 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.

### *Nits and head lice*

- Nits and 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 and 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/I] can see it. This will also be kept in the allergies and illness folder
- Steps Pre-School is a nut free setting and this is reiterated to parents regularly.
- 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*

- 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 us 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.

### **4.3 Food and Drink**

Steps Pre-School regards snack times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating at snack times by providing nutritious food, which meets the children's individual dietary needs.

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

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs 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 include foods from different 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. All parents and carers are informed that Steps is a 'nut-free' setting.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- We organise snack times so that they are social occasions in which children and staff participate.
- We use snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- 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 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.
- For children who drink milk, we provide semi skimmed pasteurised milk.

#### *Packed lunches*

The setting does not have a large enough fridge to accommodate lunch boxes

- Parents are advised to provide appropriate lunch boxes/bags for their child's food with an added ice pack.
- We inform parents of our policy on healthy eating;
- We encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts such as yoghurt or crème fraîche. We discourage sweet drinks and can provide children with water or milk;
- We discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. provide children, bringing packed lunches, with plates, cups and cutlery
- We ensure staff sit with children to eat their lunch so that the mealtime is a social occasion

## **4.4 Food Hygiene**

In our setting we provide and/or 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.

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

- 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 for childminders*. The basis for this is risk assessment as it applies to 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 for childminders*.

- 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 for childminders.*)
- We use reliable suppliers for the food we purchase.
- Supplied 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.
- Un-refrigerated food is served to children within 4 hours of arrival.
- 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.
- When children take part in cooking activities, they:
  - are supervised at all times;
  - made aware of 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 and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

Approved on behalf of the PCC, at the SRG meeting on 10 <sup>th</sup> Feb 2020		(date)
Signed on behalf of the PCC		
Name of Signatory	Rev Mark Barker	
Role of Signatory	Chair	
Date to be reviewed:	February 2023	