



# H&S in the Early Years Policies

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# Accident & Incident Reporting

## 1. Summary

There are many hazards present in a childcare setting. Control measures, when implemented, should reduce the risks from those hazards to a level as low as is reasonably practicable in order to prevent accidents and cases of ill health. This policy provides advice for the reporting and subsequent investigation of accidents, incidents and near misses. An accident is an unplanned event that results in personal injury or damage to property or equipment. A 'near miss' is any incident, accident or emergency which did not result in an injury.

## 2. Legal framework

This policy relates to sections 3.50 and 3.51 of the Early Years Foundation Stage.

This policy is also bound by the requirements set out in:

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Ofsted's Early Years Compliance Handbook

## 3. Responsibilities

### 3.1. Little Dragon's responsibilities

The nursery will ensure that:

- Suitable procedural arrangements are in place for all accidents and incidents occurring on the premises or associated with business activities
- Appropriate First Aid procedures are followed in the event of an accident or incident resulting in injury
- All members of staff are adequately trained to carry out their work safely and are provided with information on safe working practices and accident prevention within the care establishment
- All accidents and incidents involving heads or that require any sort of medical attention (including minor first aid such as when plasters or an ice pack is needed) will be recorded and monitored to ensure that appropriate action can be taken to prevent reoccurrence.
  - Minor accidents (such as small cuts and grazes) should be verbally communicated with parents upon collection
- The risk assessments will be regularly reviewed and, where necessary, further control measures will be introduced
- In accordance with local protocols, parents/guardians will be informed if their child has been involved in any form of accident or incident. If an accident requires the child be taken to hospital, the key person or manager will call the parent/guardian and advise them of the situation and the action taken.
- All relevant accidents, dangerous occurrence and/or instance of work-related ill-health are reported to RIDDOR
- Ofsted are notified as soon as reasonably practicable of any serious accident, illness or injury to, or death of, any child while in their care, and the action taken.
- The Child Protection policy is also followed for any incidents where there is a safeguarding concern



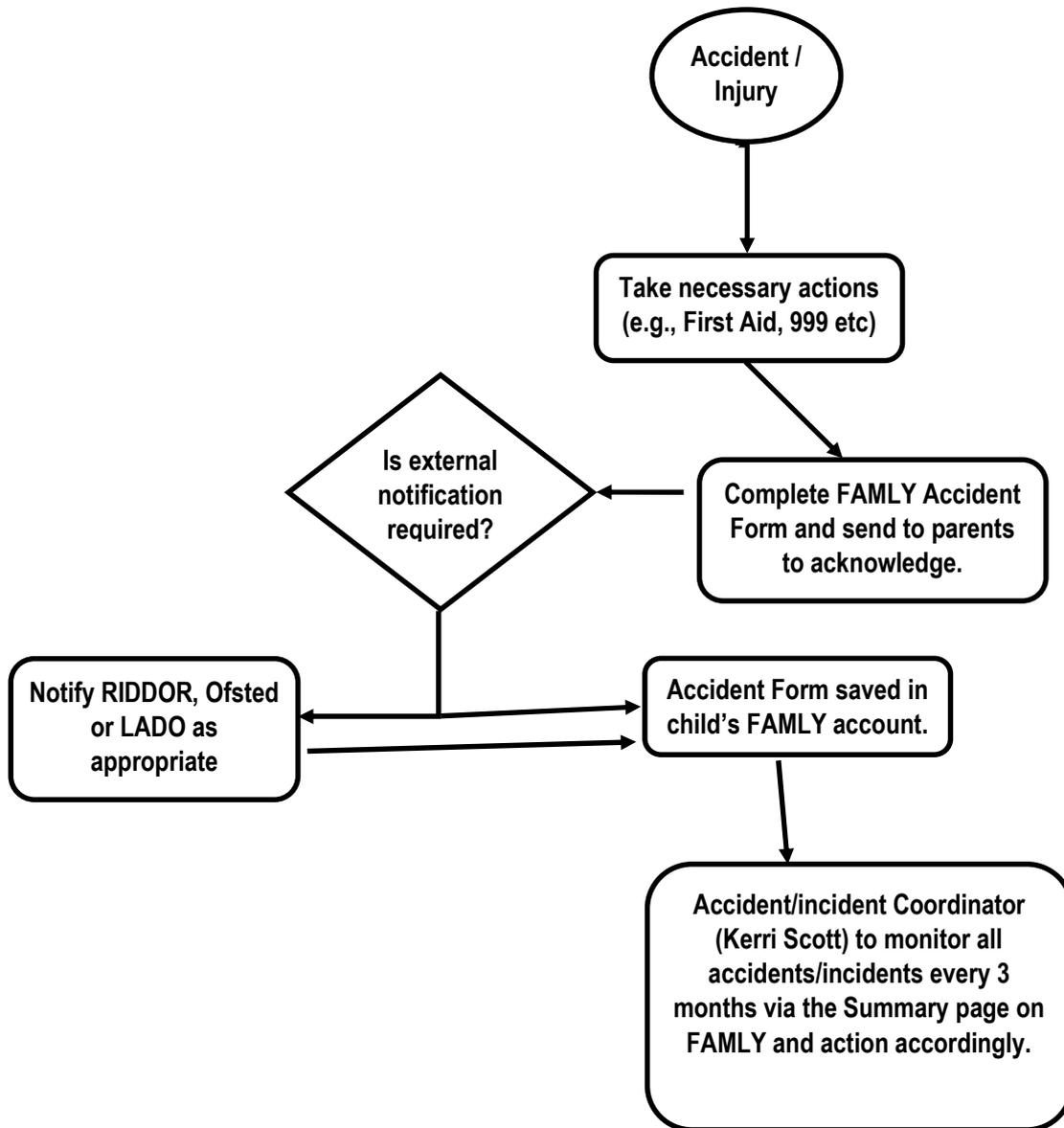
### 3.2. Employee's responsibilities

Any member of staff who is involved in, or aware of, an accident at work, must follow the accident reporting procedure and inform the Manager or senior person on duty as soon as possible after the accident occurs. An 'Accident & Incident Form' should be completed via FAMILY. All Accident & Incident Forms must be kept on FAMILY. For children, accident forms must be kept until the child is age 25 or over in accordance with the Limitation Act 1980; for employees, the accident form must be kept for 7 years.

If a child comes into nursery having had an accident at home or an injury that suggests an accident at home may have taken place, then an accident at home form must be completed as soon as the injury has been noticed. The accident at home must be discussed with parents who should sign the form, and this should be reported to the manager or senior. If you are concerned about the injury or accident, please liaise directly with the Designated Safeguarding Lead and refer to the Safeguarding and Child Protection policy.



#### 4. Accident reporting procedure





## 5. Reporting to RIDDOR

### 5.1. Responsibilities

The Health and Safety Executive (HSE) need to be notified of all reportable accidents and incidents using the online RIDDOR Reporting Form:

<http://www.hse.gov.uk/riddor/report.htm>

The Incident Contact Centre can alternatively be contacted on 0845 300 9923 if there is a work-related accident where:

- A member of staff or a self-employed person working for or on behalf of Little Dragon's Day Nursery is killed or suffers a specific injury (including as a result of physical violence)
- A member of the public (such as nursery child, or other person not at work) is killed

It is the responsibility of the Manager to ensure RIDDOR is notified. If appropriate, or in the absence of the manager, this duty can be delegated down to the setting's Health & Safety Coordinator or senior person on duty.

### 5.2. Reportable instances

RIDDOR reportable instances include the following, though this list is not exhaustive. In respect of children, depending on the cause of the accident, certain injuries may not be reportable to the HSE but will remain reportable to other relevant authorities (including Ofsted).

Death:

- Workers and non-workers who have died of a work-related accident or incident

Specified Injuries:

- Fractures (other than to fingers, thumbs and toes)
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
  - Covers more than 10% of the body
- Requires resuscitation or admittance to hospital for more than 24 hours

Over Seven-Day Injury

- An injury that is not major but results in the injured person being away from the work or unable to carry out their normal duties for more than seven days. Apart from the day of the accident, weekends and days that would not normally be worked, such as rest days, are counted.

Occupational Disease

- Occupational dermatitis
- Any occupational cancer
- Tendonitis or tenosynovitis of the hand or arm
- Occupational asthma
- Severe cramp of the hand or forearm

Dangerous Occurrences

- Dangerous occurrences are certain, specified near-miss events. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For more information, please visit:

<http://www.hse.gov.uk/riddor/dangerous-occurrences.htm>



People not at work (including nursery children)

- A member of public or person not at work has died
- A member of public or person not at work has suffered an injury and is taken from the scene of the accident to hospital for treatment to that injury. This does not include precautionary visits to hospital where nothing obvious is apparent.

For more information regarding accidents/incidents that are reportable to RIDDOR, please refer to the following:

- General guidance – <http://www.hse.gov.uk/riddor/reportable-incidents.htm>.
- Educational setting guidance – <https://www.hse.gov.uk/pubns/edis1.pdf>

## 6. Reporting to Ofsted and other relevant authorities

### 7.1. Responsibilities

Ofsted must be notified of any serious accidents, illness, or injury to, or death to, any child while in their care, and the actions taken. Notification must be made as soon as is reasonably practicable, but within 14 days of the incident occurring.

To report an incident to Ofsted, please use the following form:

<https://www.gov.uk/guidance/report-a-serious-childcare-incident>

It is the responsibility of the Manager to ensure Ofsted is notified. If appropriate, or in the absence of the manager, this duty can be delegated down to the setting's Health & Safety Coordinator or senior person on duty.

Local child protection agencies, or other relevant authorities, must be notified if a child has been seriously harmed and abuse or neglect is known or suspected, or if a safeguarding allegation has been made.

### 7.2. Ofsted Reportable instances

Instances reportable to Ofsted are outlined in sections 58-60 of Ofsted's Early Years Compliance Handbook.

In summary, the following types of child injuries must be reported:

- Any injury that requires resuscitation or admittance to hospital for more than 24 hours
- Broken bones, a fracture or dislocation of any major joint
- Any loss of consciousness, severe breathing difficulties or asphyxia
- Loss of sight (temporary or permanent), any penetrating injury to the eye, any chemical or hot metal burn to the eye
- Any injury leading to hypothermia or heat-induced illness
- Any injury or medical treatment arising from absorption of any substance by inhalation, ingestion or through the skin
- Any injury or medical treatment resulting from an electric shock or electrical burn
- Any injury or medical treatment where there is reason to believe that this resulted from exposure to harmful substance, a biological agent, or its toxins, or infected material.

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# Allergies & Allergens

## 1. Summary

At Little Dragon's Day Nursery, we provide care for healthy children and promote health by identifying allergies and preventing contact with allergenic substances. This policy outlines our approach to reducing exposure to allergenic substances where required and the procedures in place for dealing with allergic reactions in both children and staff.

## 2. Legal framework

We have a legal responsibility, under the 'Food Information Regulations 2014', to provide correct allergen information related to the ingredients of the food that we serve to children under our care. There are 14 allergens included in this law; these are outlined later in this policy.

This policy relates to section 3.45 & 3.47 of the Statutory Framework for the Early Years Foundation Stage.

## 3. Maintaining and communicating allergen information

We have a responsibility to know which allergens are present in the food that we serve and to communicate this information to those consuming the food (and/or their families). It is therefore our policy to:

- Record information about all ingredients used in meals and snacks on recipes
- Provide written allergen information on menus
- Compile and update an Allergen folder
- Display information about allergens on the parent noticeboard
- Keep relevant staff trained and informed
- Discuss allergy information with parents as part of the registration process or at the time an allergy is diagnosed.

## 4. Children with allergies

Parents/carers must be asked about whether their child suffers from any known allergies or food intolerances as part of the registration process and this information should be included on the Registration Form. If a child has an allergy, a Care Plan should be completed prior to the child starting to attend the nursery. The Care Plan should include the following:

- The allergen
- The nature of the allergic reactions
- What to do in case of an allergic reaction
- Control measures

A copy of the Care Plan should be kept in the child's personal file, and a copy kept in an accessible folder that all relevant staff are aware of and have understood. The kitchen staff providing the meals must be made aware and kept informed of any updates in the allergy and intolerance information for children.

Where a child has medication related to their allergy, the procedures outlined in the 'Medication Policy' should be followed at all times.



If a parent has a severe allergy to a food substance and requests that the child doesn't have that food, it will be treated as if the child has an allergy/intolerance to that particular allergen.

## 5. Serving food to children with allergies

A register with the children present and their dietary requirements will be printed on a weekly basis; it is the manager's responsibility to ensure that any extra bookings are added to the printout so that the cook/chef's information is always accurate.

All employees in the room during snack and mealtimes must be made aware of all the food allergies, intolerances and preferences by the Senior.

All meals for children with food allergies or intolerances must be plated on red plates or in red bowls separately from other meals to avoid cross contamination – this includes nut-free diets, despite the nursery being a nut free setting. The plated food must be clearly labelled with the child's full name and the allergen(s) they have an intolerance to. The Senior Practitioner should always check a meal is suitable before it is served.

The cook must confirm that the meal they are handing to childcare staff meets the child's dietary requirements. The practitioner checks the information to ensure it is correct and does not include anything the child should not have to eat.

A practitioner, preferably the child's key person, should sit near to the child during the meal to ensure that the child eats only their allergen free meal.

If the meal or any of its components do not include allergens, then the child can be allowed to self-serve with the other children. If the meal contains allergens, then a separate labelled red bowl can be used to allow the child to self-serve their own meal.

## 6. Staff with allergies

When a new staff member or apprentice is employed at the nursery and before the person attends, they are asked if they suffer from any known allergies, and if so, it should be recorded on the employee medical form.

If an employee has a severe allergy, a Care Plan should be completed prior to the adult starting to attend the nursery. The care plan should include the following:

- The allergen
- The nature of the allergic reactions
- What to do in case of an allergic reaction
- Control measures

A copy of the Care Plan should be kept in the employee's personal file, and a copy kept in an accessible folder that all relevant staff are aware of.

Where a member of staff has medication related to their allergy, the procedures outlined in the Medication policy should be followed at all times.



## 7. Risk management

To mitigate the risks associated with allergens, Little Dragon's Day Nursery puts in place the following measures:

- All staff receive Epi-pen training as part of their Paediatric First Aid course every three years; staff working directly with children with an Epi-pen will update their anaphylaxis training annually.
- The nursery operates a 'nut free' environment
  - Parents are made aware of this to ensure that no nut or nut products are accidentally brought into the setting
- Risk Assessments are used to identify control measures and restrict allergens appropriately

## 8. Procedures for dealing with an allergic reaction

### 8.1. Procedures for dealing with an allergic reaction

All staff should be made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis.

### 8.2. Minor allergic reactions

If a child has an allergic reaction to food, a bee or wasp sting, plant etc. a first aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. The information outlined on the care plan should be followed at all times. We will inform parents and record the information in the accident/incident folder and on their medicine form.

### 8.3. Severe allergic reactions

- Do not move them, because this could make them worse
- Call 999 immediately and describe what is happening; explain that you think that the person may be having a serious allergic reaction or anaphylaxis (pronounced anna-fill-axis). It is important to mention the word anaphylaxis to ensure that the urgency of the situation is communicated, and that appropriate medication will be available
- If you have an Epi-pen for the child or staff member, then a trained staff member or first aider should administer this
- Send someone outside to wait for the ambulance while a first aider stays with the child or adult until help arrives
- Administer First Aid as necessary

### 8.4. Transfer to hospital

Once First Aid has been administered, including emergency medication as necessary, and the ambulance is on its way, staff should:

- Take advice from the Ambulance Control Centre on the telephone and follow their instructions
- Contact the parents/carers of the child, or the emergency contact of the staff member, using the nursery mobile phone if the ambulance control is on the landline
  - Giving them details about what has happened, what has been done and which hospital the ambulance will take the patient to if known. Try not to alarm them more than can be helped
  - Find out whether the parents/emergency contact will come to nursery or go straight to the hospital



- While a First Aider remains with the child someone should collect the child’s file with address, contact details, care plan together with any medicine forms detailing what medication has been given to take with the child to hospital
- The child or adult should be accompanied to hospital by either the parent/ carer or emergency contact or a staff member or both if this is necessary

8.5. Ofsted

Ofsted must be notified about any child who stays in hospital for more than 24 hours or any significant event including where a child loses consciousness or dies. Refer to Ofsted’s Early Years Compliance Handbook, or the Accident & Incident Reporting policy for more information.

9. What are the 14 allergens?

<b>Celery</b>	This includes celery stalks, leaves, and seeds and celeriac. It is often found in celery salt, salads, some meat products, soups, and stock cubes.
<b>Cereals containing gluten</b>	This includes wheat (such as Spelt and Khorasan Wheat/Kamut), Rye, Barley and Oats. It is often found in foods containing flour, such as some baking powders, batter, breadcrumbs, bread, cakes, couscous, meat products, pasta, pastry, sauces, soups, and foods dusted with flour. The cereal will need to be declared. However, it is up to you if you want to declare the presence of gluten with this.
<b>Crustaceans</b>	This includes crabs, lobster, prawns, and scampi. It is often found in shrimp paste used in Thai curries or salads.
<b>Eggs</b>	This is often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces, and foods brushed or glazed with egg.
<b>Fish</b>	This is often found in some fish sauces, pizzas, relishes, salad dressings, stock cubes and in Worcestershire sauce.
<b>Lupin</b>	This includes Lupin seeds and flour, and can be found in some types of bread, pastries and pasta.
<b>Milk</b>	This is found in butter, cheese, cream, milk powders and yoghurt. It is often used in foods glazed with milk, powdered soups and sauces.
<b>Molluscs</b>	This includes mussels, land snails, squid and whelks. It is often found in oyster sauce or as an ingredient in fish stews.
<b>Mustard</b>	This includes liquid mustard, mustard powder and mustard seeds. It is often found in breads, curries, marinades, meat products, salad dressing, sauces, and soups.
<b>Nuts</b>	This includes almonds, hazelnuts, walnuts, cashews, pecan nuts, Brazil nuts, pistachio nuts, macadamia, or Queensland nuts. These can be found in breads, biscuits, crackers, desserts, ice cream, marzipan (almond paste), nut oils and sauces. Ground, crushed or flaked almonds are often used in Asian dishes such as curries or stir fries.
<b>Peanuts</b>	This can be found in biscuits, cakes, curries, desserts, and sauces such as for satay. It is also found in groundnut oil and peanut flour.
<b>Sesame seeds</b>	This can be found in bread, breadsticks, houmous, sesame oil and tahini (sesame paste).
<b>Soya</b>	This can be found in bean curd, edamame beans, miso paste, textured soya protein, soya flour or tofu. It is often used in some desserts, ice cream, meat products, sauces, and vegetarian products.
<b>Sulphur dioxide</b>	This is often used as a preservative in dried fruit, meat products, soft drinks, and vegetables as well as in wine and beer.

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## Intimate Care & Wellbeing

### 1. Summary

At Little dragon's Day Nursery, we believe that all children need contact with familiar, consistent carers to ensure they can grow and develop socially and emotionally. At times children need to be cuddled, encouraged, held and offered physical reassurance.

Intimate care routines are essential throughout the day to meet children's basic needs. This may include nappy changing, supporting children with toileting, changing clothes, and giving first aid treatment and specialist medical support, where required.

In order to maintain the child's privacy, we will carry out the majority of these actions on a one-to-one basis, wherever possible, by the child's key person with the exception of first aid treatment which must be carried out by a qualified first aider.

### 2. Legal framework

This policy relates to sections 3.1, 3.6, 3.20, 3.27 & 3.64 of the Early Years Foundation Stage.

### 3. Our policy

We wish to ensure the safety and welfare of children during intimate care routines and safeguard them against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently. We aim to support all parties through the following actions:

- Promoting consistent and caring relationships through the key person system in the nursery and ensuring all parents understand how this works
- Ensuring all staff undertaking intimate care routines have suitable enhanced DBS checks
- Training all staff in the appropriate methods for intimate care routines and arranging specialist training where required, i.e. first aid training, specialist medical support
- Ensuring children are afforded privacy during intimate care routines whilst balancing this with the need to safeguard children and staff. No nappies will be changed or intimate routines take place behind closed doors
- Conducting thorough inductions for all new staff to ensure they are fully aware of all nursery procedures relating to intimate care routines
- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training
- Working closely with parents on all aspects of the child's care and education as laid out in the Parent and Carers as Partners Policy. This is essential for intimate care routines which require specialist training or support. If a child requires specific support the nursery will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs
- Ensuring all staff have an up-to-date understanding of safeguarding/child protection and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns as set out in the safeguarding/child protection policy
- Operating a whistleblowing policy to help staff raise any concerns about their peers or managers; and helping staff develop confidence in raising worries as they arise in order to safeguard the children in the nursery



- Conducting working practice observations on all aspects of nursery operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes intimate care routines.
- Conducting regular risk assessments on all aspects of the nursery operation including intimate care and reviewing the safeguards in place. The nursery has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.

If any parent or member of staff has concerns or questions about intimate care procedures or individual routines, please see the manager at the earliest opportunity.

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## Sickness and Illness

At Little Dragon's Day Nursery we promote the good health of all children and staff. To help keep our Nursery community healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well and who can provide them with 1:1 care.

### Our procedures

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

1. If a child becomes unwell during the Nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible.
  2. We follow the guidance published by Public Health England (Health Protection in Schools and other childcare facilities) and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery<sup>1</sup> (see link 1 below for full list).
  3. We have the right to refuse admission to a child who is unwell. This decision will be taken by the Manager on duty and is non-negotiable.
  4. Please note that we will not accept children into Nursery if they have been given medicine prior to arrival to control a temperature or to feel well in themselves. If a child requires medication to get through their day, they are not well enough to be at Nursery and should be kept at home until they feel better.
  5. In the event of us being unable to maintain appropriate adult: child ratios due to unprecedented staff illness, we may be required to temporarily close part of the Nursery. Please note that this will always be a very last resort, but the safety of the children and maintenance of adequate supervision will always be at the forefront of any decision made.
- Should a child have an infectious disease, such as **sickness and diarrhoea**, they must not return to nursery until they have been clear for at least **48 hours from the last episode**.
  - If a child develops a persistent **temperature**, this tells us that the child is unwell and therefore **should not be at Nursery**. If the child **develops the temperature** whilst **at Nursery**, we **will call parents to arrange collection** and seek the necessary permissions to administer Calop to control the temperature should the parent wish.
  - A child will be able to **return to Nursery** following a temperature when they are **feeling better** and **do not require medication to control it**.
  - We ask parents to keep children on **antibiotics at home for the first 24 hours** of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell). This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group setting, when they have first become ill and require a course of antibiotics.
  - We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
  - We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises.

### Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the

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<sup>1</sup> <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>



nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

**We will follow the transporting children to hospital procedure in any cases where children may need hospital treatment.**

The nursery manager/staff member must:

- Inform a member of the management team immediately.
- Call 999 for an ambulance immediately if the illness is severe. We will not attempt to transport an unwell child ourselves.
- Follow the instructions from the 999 call handler
- Whilst waiting for the ambulance, a member of staff must contact the parent(s) and arrange to meet them at the hospital
- Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together
- Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

If a child has an accident that may require hospital treatment but not an ambulance, Little Dragon's will adopt the following procedure:

- Parents will be called to collect their child and take them to receive necessary medical treatment.
- If the child's condition worsened, staff will call 999 and follow their advise.

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# Infectious Disease Control

## 1. Summary

At Little Dragon's Day Nursery, we promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread. We follow the health protection in schools and other childcare facilities guidance which sets out when and how long children need to be excluded from settings, when treatment/medication is required and where to get further advice from.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus, which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

The nursery will always follow the guidance from Public Health England on everything relating to infection control: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

## 2. Legal framework

This policy relates to the following legal framework:

- Health & Safety at Work Act 1974
- The Health Protection (Local Authority Powers) Regulations 2010
- Health Protection Legislation (England) Guidance 2010
- Management of Health & Safety at Work Regulations 1999

This policy also relates to section 3.44, 3.45 & 3.46 of the Statutory Framework for the Early Years Foundation Stage

## 3. Hazards

Hazards include, but are not limited to:

- Contaminated equipment
- Blood and body fluid spills
- The environment including indoor and outdoor play areas
- Used linen
- Children and employees who may have infectious disease

## 4. Nursery management responsibilities

- To carry out a risk assessment that identifies infection risks in the workplace, who might be affected and control measures necessary to manage the risk
- To provide personal protective equipment (PPE) for issue to employees as required by any risk assessments
- To investigate all infection control incidents and ensure that any subsequent action is planned
- To seek advice from health protection teams and other supporting bodies regarding any relevant health issues
- To provide training for employees in standard infection control precautions, to include:
  - Hand hygiene for both employees and children



- Respiratory hygiene/cough etiquette
- Cleaning and disinfection procedures including dealing with spillages of blood and body fluids
- Protocols for needle stick injury
- Arrangements for activities involving contact or potential contact with animals or animal bodily fluids
- Personal protective equipment
- To monitor and review the effectiveness of the arrangements
- To report any outbreaks to local Health Protection Teams, as outlined in section 6

## 5. Employee responsibilities

- Take care of themselves and others in respect of work activities that give rise to the potential for infection
- Follow training, guidance and instruction given, to prevent injury or ill health
- Use appropriate resources to minimise infection
- Be aware of risks and follow policies and procedures
- Report any health issue, which may affect their ability to work
- Report any accident, incident or near miss via completion of an accident report
- Cover cuts and abrasions with suitable waterproof dressing and wear gloves, where necessary
- Use any equipment provided, including PPE as trained to do so
- Challenge inappropriate hygiene practice
- Report to the Nursery Manager or other senior employee any hazardous or dangerous situations as appropriate

## 6. Procedures for dealing with certain diseases

The table below outlines the government's advice in relation to certain infectious diseases, including any mandatory exclusion period, notification requirements, and any other general comments.

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). If the nursery is informed of one of these cases, it is recommended that the local Health Protection Team is contacted for advice.

DISEASE	EXCLUSION	COMMENTS
<b>Athlete's Foot</b>	None	Athlete's foot is not a serious condition, but treatment is recommended.
<b>Chicken-Pox and Shingles</b>	5 days from the onset of the rash, as long as the lesions have crusted over <u>and</u> child feels well	Traditionally excluded until all lesions are crusted but no transmission recorded after day 5.
<b>Cold Sores</b> ( <i>herpes simplex</i> )	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local HPT
<b>Diarrhoea &amp; Vomiting</b> ( <i>gastroenteritis</i> )	48 hours from last episode of diarrhoea or vomiting	Exclusion applies to 3 watery or loose stools within a close time frame
<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
<b>Flu</b> ( <i>influenza</i> )	Until recovered	Report outbreaks to your local HPT
<b>Glandular Fever</b>	None	
<b>Hand, Foot &amp; Mouth</b>	None	Contact your local HPT if a large number of children are affected. Stricter exclusions may be considered in an outbreak.
<b>Head &amp; body lice</b>	None	Treatment only recommended when live lice seen.
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
<b>Hepatitis B*, C* or HIV</b>	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
<b>Impetigo</b>	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	Four days from onset of rash <u>and</u> child feels well	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
<b>Meningococcal</b> ( <i>meningitis / septicaemia</i> ) *	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
<b>Meningitis</b> ( <i>due to other bacteria</i> ) *	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
<b>Meningitis</b> ( <i>viral</i> ) *	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
<b>MRSA</b>	None	Good hygiene, particularly handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
<b>Mumps*</b>	5 days from onset of swelling <u>and</u> child feels well	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.
<b>Ringworm</b>	Not usually required	Treatment is needed



DISEASE	EXCLUSION	COMMENTS
<b>Rubella</b> (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
<b>Scabies</b>	Can return after first treatment.	Household and close contacts require treatment at the same time.
<b>Scarlet Fever &amp; Streptococcal Infection</b>	Child can return 24 hours after commencing appropriate antibiotic treatment	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact your local HPT
<b>Slapped Cheek</b> (Fifth Disease/ Parvovirus B19)	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
<b>Thread worms</b>	None	Treatment recommended for child & household
<b>Tonsillitis</b>	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
<b>Tuberculosis (TB)</b>	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
<b>Warts and Verrucae</b>	None	Verrucae should be covered in swimming pools, gyms and changing rooms
<b>Whooping Cough (pertussis)</b> *	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

## 7. Local Health Protection Team details

The local HPT for Little Dragon's Day Nursery (CV37 0JH) is:

PHE West Midlands East Health Protection Team,  
5 St Philip's Place,  
Birmingham,  
B3 2PW

Phone: 0344 225 3560

For up to date details, please check: <https://www.gov.uk/health-protection-team>

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# Medication

## 1. Summary

At Little Dragon's Day Nursery, we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see sickness and illness policy). If a child requires medicine, we will obtain information about the child's needs for this, and will ensure this information is kept up to date.

## 2. Legal framework

This policy relates to sections 3.19, 3.44, 3.45 & 3.46 of the Early Years Foundation Stage.

## 3. Responsibilities

The manager of the setting is ultimately responsible for the management of medication in their setting and must ensure that anyone allowed to administer medicines are competent to do so. A member of staff, usually the key person or room leader and/or qualified to Level 3 or above, will be responsible for the correct administration of medication to children provided that the setting manager deems them competent to do so. This includes ensuring that medicine forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

Where staff, students or employees occasionally or regularly need medication, the individual must take full responsibility for storing and administering this medicine, ensuring it is not accessible to children.

## 4. Medication policies

### 4.1. All medication

- Children taking any medication must be deemed well enough to attend the setting. If a child needs medication to feel well, they are not well enough to be in nursery. The nursery reserves the right to refuse the provision of childcare until the child is seen by a medical practitioner
- Medication must be in-date and appropriate to the current condition
- All medicines must be stored in their original containers, clearly labelled and inaccessible to children
- All medication (both prescribed and non-prescribed) must be authorised by the parent using a medicine form
  - In exceptional circumstances, an antipyretic medicine (such as a children's paracetamol for a high temperature) or antihistamine (allergic reaction) may be administered at the Manager's discretion and with the verbal consent of the parents. In such instances, the parent should be encouraged to collect the child as soon as possible.

### 4.2. Medication prescribed by a medically qualified professional

- Medically qualified professional may include doctor, dentist, nurse, ophthalmologist, or pharmacist
- Prescription medicine must only be administered to the person named on the bottle for the dosage stated



- Medicines must be in their original containers with the original prescription label attached
  - In exceptional circumstances, an inhaler may be administered to a child by staff without seeing the original box, as long as full written permission has been obtained from the parent/carer.

#### 4.3. Non-prescription medication

The nursery will only administer non-prescription medication for up to 48 hours, dependent on the medication or the condition of the child. After this time medical attention should be sought.

When a parent requests that their child is given medication not prescribed by a medically qualified professional, staff should adhere to the following guidelines:

- Reasonable 'over the counter' medication may be provided by parents/carers. This includes, but is not limited to, saline drops, skin cream medicines, among others.
- Little Dragon's will not administer infant Paracetamol (e.g. Calpol) as it is our policy to ensure that all children are deemed well enough to be in attendance. If a child requires Paracetamol to feel well, they are not well enough to be in attendance
- A medicine form should be completed and signed by the parents/carers on arrival
- When administering non-prescribed medication, the correct dose for the age of the child as detailed on the bottle must not be exceeded.
- The nursery will hold a central supply of infant paracetamol (administered for temperature only), and antihistamine medicines (administered for an allergic reaction only), which may be administered if a child develops a temperature or has an allergic reaction whilst at nursery and if appropriate permission has been obtained from the parents. On these occasions, the child's parent/carer should be informed and the child should either be closely monitored or arrangements should be made for the child to be collected when deemed necessary. An 'Administering Medication Form' must be completed and signed on collection of the child.
- If a child is brought to nursery having been given infant Paracetamol before arrival, this should be recorded including the name of the medication, time of administration and the dose. Should the child continue to display symptom following the recommended dose time frame, they will administer a second dose (as per details on the bottle) and parents/carers will be contacted to collect the child.

## 5. Completing Medicine Forms

Parents must give prior written permission for the administration of any medication by completing and signing the medicine form. The member of staff receiving the medication must ask the parent to complete all sections of the medicine form and sign to authorise the medication and acknowledge the doses provided by staff.

The parent must be asked when the child has last been given the medicine before coming to the setting; if the medicine has already been administered that day, the parent should record this on the medicine form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times.

## 6. Administration of medication

Staff must always be vigilant in recognising and responding when a child requires medication. If the administration of medication requires medical knowledge, individual training must be provided for the relevant member of staff by a health professional, parent or competent person.



Two members of staff must check medication to avoid any errors in administering medication. Both staff members are equally responsible for ensuring the correct dose and medication is administered to the correct child. One person administers the medication and the other witnesses that the correct dose of the child's medicine is given to the correct child at the time(s) detailed on the medicine form. Staff responsibilities are as follows:

- Both staff must check the name of the child on the medicine label and ensure it is given to the right child
- Both staff must check the name and strength of medication on both the medicine container and the medicine form
- Both staff must check that the medication has not passed its expiry date
- Both staff must check that the medication is given on the date(s) and time(s) stated on the medicine form
- Both staff must ensure that the dose detailed on the medicine form is measured accurately using a medicine spoon, an oral syringe or a medicine measuring pot

If the dosage on the medicine form and the label on the container differ, or if a staff member is concerned that the dosage is not appropriate for the age of the child, staff must seek clarification before administering the medication. Staff must not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional, such as letter from a doctor or dentist.

At the time of administering the medicine, a senior member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. It is important to note that staff working with children are not legally obliged to administer medication. If the child refuses to take the appropriate medication, then a note must be made on the medicine form.

Children must not completely self-administer medication. Where children are capable of understanding when they need medication, they should be encouraged to tell their key person what they need. The child may administer their medication if able to do so as long as they are fully supervised and supported by appropriate staff.

The medicine form must be completed and signed by the person administering the medication and the member of staff who witnesses at the time of administering the medicine. If the child administered their own medication under supervision of appropriate staff, then the staff that witnessed the child administering it must sign the medicine form. The parent must sign the medicine form when they collect the child on the day the medication was given to confirm that they have been informed that the medication has been given.

In any incident where a child is administered the incorrect medication, the procedures outlined in the Accident & Incident Reporting policy must be followed.

## 7. Storage of medication

- All medication must be stored safely in a cupboard or refrigerator that is not accessible to children, as per the storage instructions on the packaging. Where the cupboard or refrigerator is not used solely for storing medicines, they should be kept in a marked medicine box.
- All medication must have the child's name clearly written on the original container
- Emergency medication, such as Inhalers and EpiPens, must be kept in the room with the child in a locked container out of the reach of children so that it is easily accessible in case of an emergency
- For some medical conditions, medication may be permanently kept in the setting. The child's Key Person is responsible for checking that this medication is in date and returned to the parent before it goes out of date, ensuring there is enough time to obtain a replacement.



## 8. Long-term medical conditions and/or ongoing medication arrangements

A Care Plan and Risk Assessment should be carried out for each child with long term medical conditions that require ongoing medication. Parents/carers should be involved in writing up the Care Plan and Risk Assessment.

The Care Plan should:

- Outline the child's condition and medication
- Include the measures to be taken in an emergency
- Be reviewed at Focus Meetings or when there are any changes to care, treatment or medication (including changes to recommended dosage or side effects)
- Be signed by each contributor, including all relevant staff and the parents/carers

The Risk Assessment should:

- Identify any training that the staff will need in order to have a basic understanding of the child's condition and how the medication is to be administered correctly. The training should be given prior to the child starting at the setting.
- Identify any risks for the child within the setting environment or any activities that may have an impact on the individual child's health needs, as well as the measures to be taken to mitigate any risks
- Include arrangements for taking medicines on outings; advice from the child's GP should be sought, if necessary, where there are concerns

## 9. Managing medicines on trips and outings

Where a child with medication is going on an outing the key person, or another member of staff who is fully informed about the child's condition/medication, should be present on the trip. Medication must be taken in a sealed plastic box clearly labelled with the child's name and type of medication. A copy of the medicine form must also be held in this box.

## 10. Staff medication

All staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or too unwell to meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy. If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability they must inform their line manager and seek medical advice. The manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication; any such medication must be kept in the person's locker/separate locked container in the staff room, or in the nursery room where staff may need easy access to the medication, such as an asthma inhaler. In all cases it must be stored out of reach of the children. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

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# Sun Safety

## 1. Summary

At Little Dragon's Day Nursery, we are committed to ensuring that all children are fully protected from the dangers of too much sun/UV rays. Severe sunburn in childhood can lead to the development of malignant melanoma (the most dangerous type of skin cancer) in later life.

## 2. Legal framework

The following legislation and standards relate to this policy:

- Occupational Health & Safety Act 2004
- Children's Services Act 1996
- Children's Services Regulations 2009
- Child Wellbeing and Safety Act 2005 (part 2: Principles for children)
- Education and Care Services National Law Act 2010 (S.167)
- Education and Care Services National Regulations 2011

## 3. Hazards

Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is associated with an increased risk of skin cancer later in life.

## 4. Procedures

- Key persons will work with the parents of their key children to decide and agree on suitable precautions to protect children from burning, including those with more sensitive skin types and those that may be more tolerant to the sunshine, e.g. black and/or Asian colouring
- Children must have a clearly labelled sun hat which will be worn at all times whilst outside in sunny weather. This hat will preferably be of legionnaires design (i.e. with an extended back and side to shield children's neck and ears from the sun) to provide additional protection
- The nursery must provide sun cream for the children and request permission from the parents at Registration. The sun cream provided will be a minimum of SPF 30+ and a minimum 3 star UVA rating. Parents may choose to provide their own sun cream for their child if they wish to use a particular brand. Staff must be aware if a child has an allergy to a particular sun cream; in such instance this child should have their cream applied first. Staff should not wear gloves to apply sun cream unless medically advised.
- Children's safety and welfare in hot weather is the nursery's prime objective so staff will work closely with parents to ensure all appropriate cream and clothing is provided
- Staff will make day-to-day decisions about the length of time spent outside depending on the strength of the sun; babies will not be allowed in the direct sunlight between 11.00am – 3.00pm on hot days
- Children will always have sun cream applied before going outside in the hot weather and at frequent intervals during the day
- Children are encouraged to drink cooled water more frequently throughout sunny or warm days and this will be accessible both indoors and out



- Children are made aware of the need for sun hats, sun cream and the need to drink more fluids during their time in the sun
- Shade will be provided to ensure children are able to still go out in hot weather, cool down or escape the sun should they wish or need to.

## 5. Vitamin D

Sunlight is important for the body to receive vitamin D. We need vitamin D to help the body absorb calcium and phosphate from our diet. These minerals are important for healthy bones, teeth and muscles.

Our body creates vitamin D from direct sunlight on our skin when we are outdoors. Most people can make enough vitamin D from being out in the sun daily for short periods with their hands or other body parts uncovered. Sun cream will stop the ultraviolet B (UVB) rays from reaching your skin, so part of your body should be uncovered and not have sun cream on. At nursery we find the right balance to protecting children from sunburn as well as allowing the skin to access the sun for the vitamin D benefits, e.g. hands will be left without sun cream but children will be fully monitored to ensure no hands are burnt.

The benefits will be discussed with parents and, where reasonable, their wishes will be followed with regard to the amount of sun cream applied.

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# Supervision of Visitors

## 1. Summary

Little Dragon's Day Nursery is committed to promoting children's safety and welfare. This includes making sure any visitors to the nursery are properly identified and supervised.

## 2. Legal framework

This policy relates to section 3.62 of the Early Years Foundation Stage Statutory Framework.

## 3. Procedure

- All visitors must sign the visitors' book on arrival, and specify the departure time in the appropriate column immediately before leaving the setting
- If a visitor is unknown to an employee, they should first check whether other staff can identify the visitor. If staff still do not recognise the visitor, the visitor's identification must be checked
- Visitors must only be allowed entry to the building if staff are confident in their identity and their reason for visiting the setting. The senior staff on site must confirm that unknown visitors (such as contractors or Ofsted inspectors) are expected or permitted in the premises before they are granted entry
- Visitors should be informed of any relevant policies/procedures, such as the fire evacuation procedure
- All visitors should wear a visitor's badge to identify themselves to staff and parents within the nursery
- Where appropriate, visitors should be supervised at all times. Where contractors are carrying out maintenance work on site, management must be aware of their location at all times.
- At no time should a visitor be left alone with a child unless under specific circumstances arranged previously with the manager
- Parents, visitors and students should be reminded not to hold doors open or allow entry to any person, whether they know this person or not. Staff within the nursery should be the only people allowing external visitors and parents entry to the nursery
- The nursery will under no circumstances tolerate any form of harassment from third parties, including visitors, towards others, including children, staff members and parents. Where appropriate, the police may be called in these circumstances.

## 4. Single central record

The nursery must maintain a single central record of all staff and contractors that regularly visit the site. A regular visitor is defined as somebody who is expected to visit the site on six or more separate occasions in a 12-month period. This record should include, but not be limited to:

- Partners
- Building & maintenance contractors
- Service providers (such as language or sports provision)
- Consultants (such as SEND or Speech & Language)

If any of the above (or other staff/visitor) visit the setting for four days or more in any 30-day period, and have the opportunity for regular contact with the children, then we must see proof of an enhanced DBS. We must see proof of



Public Liability Insurance of any regular visitor that is not employed by Little Dragon’s Day Nursery before they commence their work.

The single central record should contain the following information:

- Full Name
- Role
- DBS Number
- DBS Issue Date
- Public Liability Insurance: Policy Number
- Public Liability Insurance: Expiration Date

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