

## **Policy 7:** **Health and Hygiene Policy**

Updated March 2020

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### **Section 1:**

#### **What is the specific information about this Policy?**

#### **Which other Policies are relevant to this Policy?**

- Staff Policy – Policy 1
- Safety Policy - Policy 6
- Meal, Menu and Nutrition Policy – Policy 8
- Parent Partnership – Policy 12
- Safeguarding – Policy 13

#### **What does Health and Safety law require?**

Section 2(3) of the Health and Safety at Work Act 1974 states "it shall be the duty of every employer to prepare and as often as may be appropriate, revise a written statement of his general policy with respect to the health and safety at work of his employees and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all his

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employees". It is also the manager's responsibility for liaising with local authority and national health officers to complete any forms and liaise with parents re their children on behalf of the local authority and National Health Service.

#### **Who does this Policy apply to?**

This policy applies to all staff, children, students, temporary staff, visitors and professional visitors, parents and members of the Nursery community. There are **no exceptions to this other**, than in an emergency hospital situations, where a qualified practitioner is acting in the best interests of the child, and the parents/carers have not yet arrived. The Prospectus terms and conditions incorporate this hospital treatment consent which **MUST** be signed by the Parent's before the child starts Nursery.

#### **Who is responsible for monitoring this Policy?**

The Manager and in their absence the senior member of staff on duty, and the Nursery Director are responsible for monitoring this policy.

#### **Who can have a copy of this Policy?**

All staff must be familiar with this policy and have a clear working understanding of the requirements of this policy. All parents, staff, students, professional visitors and the Environmental Health Officer can have a copy of this policy. It must be in the handbook and on the Notice board for parents.

#### **How do we inform Parents of our Policy?**

We explain the Policy in the following ways:

- The prospectus outlines our Policy.
- There is a copy of this Policy on the Parent notice board
- Parents can request a copy.
- Parents of children who have emergency and long term medication will be given a copy of this Policy
- We explain the Policy to Parents in great detail when they request that we administer medication.
- The Policy is available on our website [www.children-first.info](http://www.children-first.info)

#### **What topics does this Policy cover?**

This Policy covers the following areas:

- General health training
- Hygiene and deep cleaning in the Nursery and Kitchen
- Food poisoning
- Training of staff in food handling and hygiene
- Temperatures in the Nursery
- Safe sleeping
- First aid and emergency hospital treatments
- Bodily fluids
- Dangerous substances and items
- Risk assessments
- Dietary requirements and allergies
- Use of the bathroom
- Smoking
- General health and safety requirements
- Promoting good health and hygiene
- Bottles and soothers
- Illness and exclusions,
- Communicable diseases
- Medication and record keeping.
- Accident records
- Pets
- Taking children's temperature.

#### **How are staff trained in health?**

There will be an annual training in Policy during one of our staff meetings. New staff will be practically inducted through the Policy very early during their extensive probation Each setting has a senior member of staff who is responsible for all new staff inductions. Outside training and agencies may be used if appropriate. Appropriate safety signs must be placed around the nursery.

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#### **What happens if someone breaches the Policy?**

This Policy is a requirement of registration. Breach of the Policy is a very serious matter which affects the child's health and safety. Breach of Policy is therefore treated as a disciplinary matter and can be deemed as gross misconduct.

#### **When is the Policy reviewed and who is responsible for review?**

Periodical review will be undertaken by the Nursery Managers and the Nursery Director. We particularly welcome comments from parents on this Policy. Further reviews may be undertaken as a result of training, changes in statute or other requirements.

#### **Where can further information be gained?**

Further information can be sought from the following:

- The infectious disease poster displayed in each Nursery.
- Medical Professionals dealing with a particular child, children or family.
- Ofsted.
- Local area Health Officers.
- A child's GP or Consultant with Parental consent.

## **Section 2:**

### **What are the aims of the Policy and the Policy Statement?**

#### **What does the Policy statement tell us?**

This Policy exceeds the requirements of the Children Act in relation to medication, which requires that, the Nursery, "must keep a record of all medicines administered to children". The Nursery does this by thorough and vigorous record keeping, policy implementation and a clear audit trail. We ensure that all children maintain excellent health, through a good diet, exercise and effective hygiene procedures. In cases where children contract illnesses we exclude them for the period of time that protects the health and well-being of other children and the Nursery Community. In instances where children attend the Nursery and their illness become apparent during the day, we contact the parent or carer as soon as possible. On contact with the parent or carer the Nursery must information relating to the illness their child is suffering from. As Nursery Staff are not medically qualified the Nursery must always advise parents to seek the advice from their Doctor or an Accident and Emergency Hospital. If Meningitis is suspected an Ambulance must be called immediately and parents/carers informed. Additional advice may need to be sought from the appropriate agencies. At the Nursery we provide the highest standards of care for children. This includes a real commitment to all aspects of health. We ensure that both the indoor and outdoor environments are clean, hygienic, and free from health concerns and maintained to the highest standards. The Nursery has clear requirements for illness, and exclusion which ensure that children who are unwell receive the best possible care. We are vigilant in observing children's health, safety and wellbeing. The Nursery Premises are well maintained. However there may be the occasional time when an accident or emergency occurs. In all such circumstances this policy will be the main course of action.

#### **What are the aims of the Policy?**

The aims of this Policy is to ensure that healthy children thrive in the Nursery and unwell children are absent from the Nursery for the amount of time during which could transmit their illness to another child. The Policy aims to cover all areas of health in the Nursery and keep children healthy. This Policy lists the main ailments that children suffer. This Policy ensures that the requirements of registration are met, and protects the welfare, health and safety of children. The Policy offers protection to the child, by requiring that the parent/carers have given consent for the administration of the medication. For children with long term medication requirements we also request information from the Doctor and Consultant. The Policy ensures that the correct medication and the correct dose are given to the appropriate child at the correct time. The Policy ensures that children who are ill are in the care of their parents.

## **Section 3:**

### **What are the Parent Partnership responsibilities?**

#### **What are parent responsibilities for children's health?**

Children must provide their own disposable nappies. Children provide their own potties and toiletries such as wipes and creams. Baby's formula milk bottles must be already measured out with the milk powder and water separate. Bottles must be free from stains and cracks, they must be clearly named. Used bottles are placed in the children's trays ready for collection by the parent/carers. Soothers must be in good condition, sterile and provided by the parent. Parents are responsible for ensuring we have the correct up to date

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information so that we are able to contact them when required. If parents choose to provide the child's snacks and lunch the manager must provide information about what can be stored safely and appropriate food content and health.

#### **Section 4:**

##### **What plans and procedures are in place for health and care?**

###### **What temperature should the rooms be?**

In order to maintain children's health the Nursery rooms should be maintained at a temperature of 16 - 20 degrees for able bodied children. This is monitored by staff regularly throughout the day. Thermometers are kept in the rooms and checks are made regularly. On hot days windows are opened and fans are used to keep the children as comfortable as possible.

###### **Can staff or visitors smoke or drink alcohol on the premises or in the car parks?**

Smoking is not permitted in the building by anyone at any time. This includes parent evenings, staff meetings, and open days, parties or any other events. Signs indicating this Policy are on display in the Nursery. Staff may only smoke during breaks whilst not on Nursery Premises. Nursery uniform must not be worn or visible when staff are smoking. Smoking must not be in the vicinity of the building. Staff are not allowed to drink alcohol before coming on duty, during breaks or parents events. If a member of staff attend work under the influence of alcohol disciplinary action will be taken. The Staff Policy – Policy 1 covers this in more detail.

###### **Do supply staff attend to ill children?**

In order to keep consistency and ensure the staff are fully aware of the children present each day, students and agency staff would not be involved in any part of the decision making process, and must not have responsibility for monitoring children who are ill.

###### **Who is the Health and Safety Lead of the nursery?**

In each Nursery there must be a current health and safety poster displayed at all times indicating who the health and safety lead is for each Nursery.

###### **Are the children given water at nursery?**

There is fresh drinking water on offer for all children at Nursery. Water is always at the children's level ensuring they have access to this at all times. Staff are trained to be extra vigilant at all times to ensure the children's health and welfare is paramount whilst at Nursery and ensure children drink enough especially in hot weather.

###### **How do we know who is first aid trained?**

All staff trained in first aid are displayed in Nursery on our Staff Board for the Nursery Community to see. We have been awarded the Millie's Mark Award. This means that all member of staff is first aid trained. At Children-First we go the extra mile in ensuring children health and wellbeing is provided at an outstanding level.

###### **How does Nursery manage children's allergies, preferences, religious and cultural food requirements ?**

Our Enrolment Form requests details of any special dietary requirements. These could be a personal preference, religion, culture, allergy or intolerance. Once this has been fed back to the Nursery the Nursery will follow a number of precautions to ensure this is adhered to at all times. Please review Policy 8, Meals, Menu and Nutritional Policy. If children have an allergy to a particular food, parents complete a Health Care Plan. The Health Care Plan provides the Nursery of what to do in an emergency and who to notify etc. These are kept in the child's files. The health care plan would then be reviewed every 6 months to ensure that there are no changes. A copy of a health care plan can be found at the back of this policy.

##### **What are the procedures if a child has an allergy, or allergic reaction?**

The Meal, Menu and Nutrition Policy – Policy 8 should be read in connection with all food allergies.

- Before children start at the Nursery Parents or carers complete an Enrolment form. This includes a comprehensive section on medical conditions allergies, intolerances and dietary requirements.
- If a child does have or develops, a severe allergy to certain foodstuffs further information must be requested from the parent including administration of drugs. We must have information from the child's doctor or consultant.
- The child may be required to provide some or all of their food *especially party treats to replace cakes brought in by other children*. All foods must be clearly labelled.

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- The child's drugs must be kept on the premises at all times, in the plastic container in medicine cupboard. The child's name must be clearly on the drug in permanent pen.
- At the time of starting the Nursery the key person should be trained by the child's doctor or practice nursery on how to use the Epipen. All first aid qualified staff must be shown how to administer the child's medication by the parent or qualified practitioner. If the parent chooses a health care professional they can come to the Nursery to discuss the child and administration of the drug.
- The parent must provide a signed letter giving consent for staff to administered drug to the child. If the drug is required it must be administered by a senior member of staff who is first aid qualified.
- Copies of the Enrolment form, further information and any information from the doctor or consultant, and consent letter from the parent for administration of the drug, are to be photocopied and put into an envelope in the child's file. This is to be marked emergency Medical Hospital information. This envelope is to be taken to the hospital with the child in the event of an anaphylactic crisis.
- Staff must be aware through the dietary requirements form of all children dietary requirements, allergies and intolerances.

#### **Do all staff attend to children with allergies?**

- Students, Agency staff, Visitors and new staff must not serve children any food or drink without permission from a senior member of staff.
- Dietary requirement cards must be placed with the child at meal times to remind all adults of a child's exact requirements.
- All staff must understand that Anaphylaxis is a life threatening condition. All staff must understand this Policy and THE ANAPHALAXIS CRISIS PLAN.
- A Risk Assessment will be completed by the management team and a Care Plan devised and completed by both the management and parents or carers consulted.

## **Section 5:**

### **How is hygiene, cleanliness and personal hygiene managed?**

#### **How do you teach personal hygiene at Nursery?**

Throughout their time at nursery the children are taught in many ways the importance of personal hygiene. This is taught by:

- Hand washing,
- Other health and hygiene issues as they come up and through topics.
- Using the toilet correctly.
- Nose wiping and the disposal of the tissue, all settings have tissue dispensers at child height,
- The staff discuss possible spread of infection through coughing and sneezing.
- Cultural influences on children's hygiene,
- No shoe policy in Nursery so children are able to wear indoor shoes if preferred.

#### **Who cleans the Nursery and when?**

A cleaning agency are contracted to clean the Nursery each night and at the weekend after closure. The senior member of staff on early shift must check the Nursery when they attend work the next morning. Concerns must be reported, using images taken before the children arrive by the senior on duty. These must be shared with the Manager as soon as possible who will liaise with the agency and Nursery Director. Deep cleaning is undertaken by the agency at regular intervals which is arranged by the Nursery Director. Staff are responsible for rota cleaning of toys and equipment in the Nursery according to a rota set up by the Nursery. The cushions, dressing up clothes and other material items must be included in the regular Nursery cleaning rotas. There are cleaning schedules in place in each room to ensure regular cleaning is taking place. If there is ever an outbreak of an illness a deep clean will take place immediately and notice will be put on the main door to notify all parents of the type of outbreak.

#### **What about sand and water trays?**

The Nurseries are cleaned each day, sand and water trays are key parts to the children's play and learning at Nursery. All staff are fully aware of the importance of keeping the areas clean and tidy. They do this by:

- Ensuring any spilt sand must be disposed of.
- Sand trays must be checked for cleanliness before each use and unclean sand disposed of, and the tray sterilised with dilute Milton and allowed to air dry.
- Sand must be sieved weekly and foreign bodies disposed of.
- Sand toys must be cleaned regularly in dilute Milton and any that are worn or damaged disposed of immediately.
- The cover being placed on the sand when not in use.



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- Suitable sterile play sand must always be used from a recognised supplier.
- Water must be disposed of and replaced for each morning and afternoon session.
- Sand and water trays must be actively monitored and staff engage with the children during play to aid development and stimulate the children whilst ensuring health and safety of the children.

#### **Where are dangerous items and substances stored?**

All cleaning products, and protective clothing and nappy disposal cassettes are defined as dangerous to children. All dangerous items and substances must be stored in locked cupboards, on shelves out of the reach of children or in the staff toilet. To avoid spillage or leakage all containers must be stored in an upright position. Brooms, brushes mops and buckets must all be stored out of the reach of children. Dangerous substances must be checked and stored immediately after delivery. Plants which have poisonous leaves, flowers, bulbs, seeds or berries such as conkers and acorns must not be brought into the nursery or grown in the garden. Plastic bags must not be brought into the Nursery and left within the children's reach by any member of the Nursery Community.

#### **Can I bring my child's bottle and soother into nursery?**

Children may only use their own bottle or soother and must never be allowed to share. Bottles and soothers must be clearly named with permanent pen. These items must be placed in the fridge or children's trays as appropriate, when they are not being used. Soothers will be sterilised when required. The Nursery may have spare soothers for those children who may have forgotten their own. These soothers are sterilised and cleaned after every use and stored in a sterilised pot.

#### **Can animals be bought into nursery?**

Animals carry some risks. We are able to have small creatures such as fish within the Nursery. If staff wish to introduce small creatures such as hamsters, parents must be consulted formally in advance. During the year we may also have ducklings, hatched from eggs, hens hatched from eggs, caterpillars and butterflies. When creatures are kept at Nursery, staff must ensure:

- Animals and creatures kept on the premises must be in good health, fed the correct food and well looked after.
- When organising visits such as the Bug Man, Guide dogs for the blind and city farm visits to the Nursery, Parents must be informed of the event.
- Parents must be consulted prior to an animal being introduced or visiting
- Only trained animals or very small creatures are allowed within the building.
- Animals must be carefully supervised by experienced handlers at all times.
- Children and staff must wash their hands carefully after contact with all animals.
- Animals must be prevented from fouling areas indoors and out which are used by the children.
- Animals must be free from disease and well cared for when they visit the Nursery

#### **What are the kitchen regulations for hygiene?**

Hygiene standards are very high as babies and children are considered high risk. The kitchen is cleaned by the Nursery Chef. There is an extensive cleaning rota for the kitchen. All recommendations by Environmental Health Officers are put into place as soon as possible. Proprietary brands of cleaners and disinfectants are used. There is a comprehensive cleaning schedule for the kitchen which has specific daily, weekly and monthly tasks. There must be ample supplies of anti-bacterial soap and disposable towels at the hand wash sink. The local Authority Environmental Health Officer visits every 12 months to check our standards and to ensure we are following all of the approved practices. The Nursery Chef must have Certificate of Food Hygiene and a clear understanding of the issues of kitchen hygiene. Any member of staff suffering from a contagious ailment must not handle food. All food must be checked for the correct temperatures prior to serving. Food must be checked for the correct temperatures when it is delivered and returned to the supplier if it is not within the required temperatures. The correct temperatures are:

- Frozen food must be -18C or lower when delivered.
- Chilled food must be + 5C or lower when delivered.

Temperatures are logged down daily by the Chef on a monitoring sheet for lunch, desert and tea. Daily fridge and freezer temperatures are also logged by the Chef, as are the temperatures of the fridge in the milk room by staff. Daily checks on equipment are done by the Chef to ensure they are all in correct order. This check also ensures that cleaning duties are completed daily. It is the responsibility of the Nursery Manager to ensure that all staff, including the Chef have an up-to-date list of allergies and dietary requirements by the each month.

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The Nursery has different coloured chopping boards for different foods e.g. meat, fruit etc. A record of all menus and food served must be kept in case of allergy or illness. Staff and children must wash their hands before cooking, handling food or eating. All members of staff serving food must wear protective clothing. A list of cleaning products used is displayed in the Kitchen. The Nursery has a pest prevention contract which covers common pests. Meat dishes, rice, pasta and fish must NOT be reheated. Pure vegetable purees can be reheated. Heated or reheated food must be 82C or higher, before being cooled to serve.

During induction staff receive training on food handling and hygiene; this is further enhanced by training during staff meetings as scheduled. Refer to Staffing – Policy 1. Staff members are also required to complete an online Basic Food Hygiene course. As we order the Nursery food by shopping online, the Nursery will be contacted by the supplier if a product has been recalled. The following must then be actioned:

- Recalled Identified products must be taken away from the kitchen immediately and stored in the office until returned to the supplier. This excludes meat products which must be placed in bins immediately.
- Any food products stored in the kitchen containing the identified product must be disposed of immediately other than meat products. If the food product has been used in the last 48 hours, a notice must be displayed immediately for parents informing them of the identified recall and an email sent out to parents.
- The Nursery Manager must then inform the Nursery Director and complete a full risk assessment on the identified product.
- The Environmental Health Officer may be called to assist, If there is a significant risk then Ofsted and Environmental Health should be informed immediately. A SIF should be created.

#### **What happens if a child gets food poisoning from or at Nursery?**

If a child gets food poisoning from a meal they ate at Nursery the following must be actioned:

- Parents must be alerted as to the symptoms so medical advice can be sought for other children if required.
- A full investigation must take place by the Manager to ascertain the cause including interviewing staff and looking at temperature records of foods etc.
- The Nursery Director must be informed and disciplinary action will be considered.
- Ofsted, must be informed and given copies of all documentation relating to the investigation. Where two or more children are affected. A SIF must be created.
- The Environmental Health Officer must be called for assistance.
- If a child or adult is hospitalised a RIDDOR report may be required.

## **Section 6:**

### **What about nappy changes?**

#### **How do nappy changes take place?**

When changing nappies at Nursery all staff must wear an apron and two gloves. The gloves and apron must be changed after each nappy change and the nappy mat to be wiped down with antibacterial spray to ensure the area is clean for the next child. All dirty nappies are to be put into a nappy bag and the nappies taken away from the area as soon as nappy changes has finished. Nappies are to be changed by the child's keyworker or buddy. Children's own nappies, wipes and creams are used. If the child's nappies have run out we will use nursery spares on the child only with the parent or carer's permission. We have a full policy for intimate care in our Safeguarding Policy – Policy 13

#### **What toilets are at Nursery for children who are toilet training?**

There are appropriate child sized toilets on each site for the children to start potty training when children are showing signs of readiness. The bathroom is thoroughly cleaned every day. The paper towels and soap dispensers must be kept in good repair and well stocked and checked during every day. Younger children should be accompanied to the bathroom to ensure correct use of toilet paper, soap and paper towels. Children must be encouraged to flush the toilet. Children must wash their hands and be encouraged to understand the importance of hygiene through discussion. The Nursery Manager must ensure that the bathroom cleaning rota is completed. All Nurseries must ensure that cultural, religious requirements and preferences, for bathroom use and hand washing are understood and upheld in consultation with the parents.

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### **What about Medication?**

#### **Can Nursery administer medicine for children?**

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We can only administer medicine with parent's written consent and where there is a health reason for doing so. All medicine given to us must be prescribed by a doctor stating the child's name, date of birth and address. There should also be the date the child was prescribed this medicine.

#### **Who administers medicine in Nursery?**

Nursery CF Suitable People must administer medicine and this must be witnessed by another member of staff. A medicine form must be completed and signed by the person administering the medicine. Only those staff qualified in first aid can access the medicine cabinet which must be kept locked. There is separate policy for children with anaphylaxis. Epipens must be administered by a suitable person who has also had the EpiPen training.

#### **Do parents need to fill out any paperwork when bringing in medicine?**

When medicine is brought into Nursery by a parent, they must fill out the correct medicine form and hand it to the senior staff member, who will then check the medicine and form, then place a white label onto the bottle. This label must then be signed by the parent and senior staff member with the dosage clearly marked. All medicines must be for the current health condition and cannot be "carried over" for a future condition. CF Suitable People are responsible for assisting parents to fill out the forms and checking the medication before taking it into Nursery. If the Manager is not present when the medicine is brought into Nursery the Manager must be notified as soon as they arrive at Nursery. Medicines must be stored in the Medicine cupboard or in the fridge. Procedures are:

- Every medicine must have the Child's name, date and dosage and expiry date written clearly on the bottle.
- When a medicine is no longer required it must be returned to the parents.
- Temporary medicines must be taken home every day.
- Medication can be kept by the Nursery on a long term basis if this is required for such conditions as asthma, anaphylaxis, epilepsy or other conditions defined by a Doctor or Consultant and parent or carer or guardian.
- Managers or first aid qualified staff must ask parents about medication, changes prescriptions or administration.
- Only medicines which are essential can be kept in Nursery, these must be prescribed by a pharmacist, nurse, doctor or dentist. Children must have a prescription for every medication we administer.
- Children must have completed at least 48 hours from the start of a prescribed anti-biotic before they return to Nursery.

## **Section 8:**

### **What about Calpol or similar children's analgesics?**

#### **What happens if a child has not been ill at home?**

Children who are unwell are not able to benefit from the Nursery environment. It is in their best interests to be in the care of their parents or trusted others at home where they can recover their full health.

#### **Can children who have had Calpol attend Nursery?**

If a child has had Calpol before attending Nursery during very late evening or early in the morning they will not be able to attend Nursery as this means that children are not feeling 100%. If a child has been given Calpol before attending Nursery parents must not bring their child to Nursery. This prevents other children becoming ill.

#### **Can you give Calpol at Nursery?**

We will only be given one dose per day of a medication such as Calpol, if there is a valid health reason and the parents have given signed consent such as a high temperature. All medication with the exception of Epipens, asthma pumps, epilepsy medication and other critical medicines must be taken home every day.

#### **Can children have Calpol if they are teething?**

If a child suffers from chronic teething Nursery they will need a letter from their doctor or dentist stating that we should administer Calpol for teething. If after taking one dose of Calpol or similar. If the child has still not soothed after 45 minutes parents will be contacted for collection immediately.

#### **When will the Nursery give Calpol or similar children's analgesic?**

When will the Nursery give Calpol or similar in the following situations: The Nursery will only give one dose or Calpol or similar each day, unless prescribed by a doctor for a specific illness and a Dr's note has been



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provided. The dose may vary if prescribed by a health care professional. The Nursery will also give Calpol or similar with a signed form when a child is teething.

A dose is usually defined as:

- 3-6 months - 2.5ml
- 6-24 months - 5ml
- 2-4 years - 7.5ml

#### **When is the Nursery willing to give Calpol or similar?**

- If a child is teething, usually under 2 years old, and other methods do not sooth the child and we have parental consent on the signed form.
- If the child has a temperature of 38.5 or above, a parent must be contacted as soon as we suspect a child is ill. If their parent has signed the one year medication form Number 2 and a parent is on their way, we can offer to give one dose of Calpol.
- If a child sustains an injury and parents are on-route and have requested Calpol may be given we consider this request, this is at the Manager's discretion. The request would preferably be by email.

## **Section 9:**

### **What about record keeping and documentation?**

Documentation states that "Medication records form part of the 'Children Act Regulations and must be kept for a period of two years from the last date of entry.' For children who attend Queens Baby Nursery and then Queens Pre-School the two year period would start from their leaving date from Queens Pre-School. For children with Special Needs, particular medical conditions or who are subject to child protection orders all records must be kept for five years. There is a separate Policy on Documentation.

All forms are confidential and must be stored in appropriate files.

- 1. CONSENT FORM 1 - This for short term medication** - We MUST have a signed Medicine consent form or letter from the Parents or carers before any medicine is administered. The form must be fully completed. This includes medications such as antibiotics, after the 48 hour exclusion period. The form gives consent for a maximum of a two week period from when they are signed by the parent. Further forms must be completed if medicine is required for a longer period. However staff will request that parent's take their child to the GP if symptoms persist.
- 2. CONSENT FORM 2 - This is for medication that can be given for up to a year** - Due to parental requests and following discussions with Ofsted this can be used for children in the Nursery for teething gel or other teething products, medications and for Calpol. We are able to give a maximum of one dose on each day of Calpol. This form must be updated **and the parent must always be telephoned prior to administration of medication. EYFS states that you must have "WRITTEN" parent's consent so this must be in place and in some circumstance can be accepted by email.**
- 3. CONSENT FORM 3 - This is for long term and emergency medication.** - Such as epipens and Piriton for anaphylaxis, asthma pumps etc. We must have a signed consent form before any medication can be given. We request a letter from the child's doctor or consultant and full medical details in case an emergency occurs and the child requires medical treatment. There is a hospital envelope in case of emergency which is described fully in the Anaphylaxis and Allergies Policy. This form is valid for the entire time a child attends the Nursery.
- 4. ADMINISTRATION AND RECORDING** - Once the medicine has been administered a separate form will then be filled out. This form must then be signed by the senior staff member, witness and Manager. A copy must then be taken and sent home with the child. The original must be given to the office for filing. The form must ALWAYS be returned to the office for safe storage as information is confidential. Parents must sign when they collect their child at end of each session, to show they acknowledge that the medication has been given.

## **Section 9:**

### **How do sleep times work at Nursery?**

Younger children, new starters and babies come to Nursery with their own routine. Nursery supports the child's own routine and over time children will grow into the same pattern as their new friends in their room. Children have their own bedding bag and bedding is washed every week and more frequently if needed. Children's meals and snacks are always put aside for them if they are asleep when food is served. Children can enjoy their food or milk when they wake up.

## **Section 11:**

### **What procedures does Nursery have to prevent cot death?**

The potential of cot death is a great concern. Our safe sleeping procedures require the following:

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- When placing the baby in a cot always place them on their back - we MUST have specific WRITTEN consent from parents for children less than one year of age to sleep on their tummy and be clear that this is not recommended by cot death prevention pressure groups.
- Children should sleep at the recommended temperature of between 16 and 20 degrees. Rooms above this temperature must be cooled. Rooms below this temperature must be warmed. It is preferable to be at the lower end of the recommended temperatures, e.g. 16, 17, or 18 degrees.
- All children under 1 year must be carefully monitored. They must be checked for breathing and body temperature at least every ten minutes, and preferably every five minutes. If babies are hot covers must be removed and they must be cooled. There is a log to record this.
- Temperatures must be recorded as indicated on the chart. These charts must be filed.
- Light weight fabrics or light weight blankets are used for sleep. Quilts are not allowed in the Nursery.
- Children who have been unwell or just been inoculated require special monitoring.
- Children's heads must NEVER be covered.
- Babies must be placed at the foot of the bed "Feet to foot position" to prevent the child wiggling under the covers.
- Children under four must never sleep with or on cushions or pillows. Toys must be away from the face nose and mouth.
- If children fall asleep on the cushions they must be put on a Nursery bed.
- If beds are placed closer together than 1 meter then children must be placed in a 'top and tail' position on alternate beds.
- Babies who have recently had inoculations must be monitored more closely as there is evidence of higher rates of cot death shortly after inoculations.
- Children must NEVER be placed in a bouncer or rocker to be put to sleep. All children are to be placed onto a Nursery bed and patted gently if needed.

## **Section 12:**

### **What first aid does the Nursery provide after an accident?**

#### **What happens if my child has an accident at Nursery?**

All qualified staff have a working knowledge of first aid and receive first aid training as part of their college course which is updated whilst working at Children-First. There must always be a CF Suitable Person, qualified in first aid on duty. Any child sustaining an injury must be attended to immediately. Minor injuries, bumps and falls can be dealt with at Nursery. All accidents must be logged on an Accident Form and reported to parents. If a child is in pain following an injury then Calpol may be given at the Manager's discretion and parent's request. Parents must be contacted to collect any child in pain and seek medical attention. Parents must countersign the Accident Form. Serious accidents, or accidents which involve injury to the head, neck or face must be reported immediately to parents by phone. Serious accidents must also be reported to appropriate authorities. Ambulances must be called if required. It is a condition of attendance at the Nurseries that parents agree to emergency medical treatment by a qualified practitioner. If time allows a copy of the consent form must be taken in the ambulance. Alternatively it can be scanned and emailed to the hospital that the child is taken to. A senior member of staff must accompany the child if the parent does not reach the Nursery in time. The member of staff must take the Nursery mobile phone. There is a separate serious accident and emergency procedure which must be adhered to.

#### **When and how are children's temperatures taken?**

Children's temperatures are taken if a parent requests we monitor a child though out the day or if we have any concerns about a child's temperature. For accuracy of records we only use ear temperature monitors and no other kinds of thermometer. A fresh hygiene ear probe cover is used for each child on every occasion.

#### **Are there first aid boxes on site?**

First aid boxes are checked on a monthly basis ensuring all correct equipment is present in all boxes within the Nursery. These checks are carried out by the Health and Safety Lead at each Nursery. The following are Nursery requirements:

- There are several first aid boxes at the Nursery, usually one in each room.
- There is a first aid box in the kitchen with high visibility plasters
- First aid boxes are checked and restocked regularly by the Health and Safety Lead designated by the Manager.
- First aid boxes must be kept out of the reach of children at all times.

## **Policy 7:**

### **Health and Hygiene Policy**

Updated March 2020

- Staff must know where the first aid boxes are stored
- Storage of first aid boxes must be accessible and identifiable by staff
- A first aid and bodily fluid kit must be taken out on visits

#### **What happens if my child bumps their head?**

If a child bumps their head at nursery parents must be contacted immediately, even if the injury is relatively minor. The 'Head Injury Monitor Form' must be completed as described on the form. A copy is attached to this Policy. An accident form must also be completed. The parents and the Manager must be informed immediately. If the child exhibits any serious symptoms such as sickness, drowsiness, clumsy movements, lack of eye contact and inability to focus etc. Parents must be contacted immediately and the Manager must decide whether an ambulance is required.

#### **What protection is in place for bodily fluids and waste?**

Protective clothing must be used at all times when dealing with bodily wastes and fluids. Anti-bacterial spray must be used. Absorbent grit and antibacterial spray must be used for sickness. We can accommodate disposable environmentally friendly nappies. Terry nappies are not suitable as the warm humid conditions breed bacteria in Nursery. The Nursery has large commercial nappy collection bins.

## **Section 13:**

### **What is the Nursery Policy for illness and exclusion?**

#### **What if my child has not been well at home?**

Children who are unwell are not able to benefit from the Nursery environment. It is in their best interests to be in the care of their Parents and in the interests of other children not to risk infection from an unwell child. Children who we think are unwell must be constantly monitored and their temperature taken every 10 minutes and recorded. There is a 'Temperature Monitor Log' attached to this Policy which must be filled in for any and every child with a temperature of 38.5 and above. Please see the section on Calpol and similar analgesics for children, Section 8 of this Policy.

#### **What if my child is teething?**

Before administering strong medicines as Calpol we suggest parents to use teething gels or powders when needed. We are happy to administer these throughout the day as needed once a consent form has been completed. Calpol will only be used as a last resort to soothe a child through teething and if their temperature is above 38.5. More guidance on suitable medicines can be sought at <https://www.nhs.uk/conditions/pregnancy-and-baby/teething-and-tooth-care/>. Teeth normally start to appear within the following timeframes:

- 6 to 12 months – The lower incisors or teeth at the very front of the mouth are generally the first to emerge.
- 9 to 16 months – Two more incisors break through at the top and bottom.
- 12- 18 months – The first back molars emerge
- 18-24 months - The canine teeth start to appear between the molars and incisors.

#### **When will the Nursery give Calpol for teething?**

Please refer to this section 8 which details administration of Calpol and other similar analgesics.

#### **What about hay fever?**

We will administer any medicine that has been designed for children to help with hay fever – both herbal and standard remedies. Piriton is a common remedy for childhood hay fever. Before any remedy is administered a consent form has to have been completed. The nursery will NOT administer Calpol, paracetamol or ibuprofen for hay fever. Nursery will only give ONE dose of hay fever remedy per day. The size of this dose will be as advised on the product packaging. If more than one dose is required per day, parents should administer a dose at home prior to leaving their child at nursery. Staff should then be informed of the time the child had the first dose and when the next dose will be due. The Nursery will administer the remedy for the entirety that a child has hay fever for. When children who are teething experience a high temperature and, or diarrhoea the parent must collect the child from Nursery. Children who we consider to be seriously ill will be taken to hospital by ambulance, the parents will be called and informed at the time. The child's file will be taken which allows for emergency treatment as signed for by the parent.

#### **When are children excluded from Nursery for illnesses?**

## **Policy 7:**

### **Health and Hygiene Policy**

Updated March 2020

The Nursery follows Public Health England guidance on infection control. The advice changes regularly and should be checked on line if in doubt. It is a requirement to inform Public Health England and Ofsted of any cases of notifiable diseases marked by \*. Below is a list of relevant illnesses and whether or not exclusion applies:

**Athlete's foot** - Exclusion: None

**Chickenpox** - Exclusion: Until the vesicles have crusted over.

**Conjunctivitis** - Exclusion: None once treatment is in place.

**Diarrhoea and Vomiting unless due to food intolerance** - Exclusion: Children must be excluded from Nursery until 48 hours after their symptoms have ceased. In rare cases of E Coli 0157 advice should be sought for exclusion.

**\*Diphtheria** - Exclusion: is essential and period must be agreed with a Doctor

**Ear Infections** - If a child is taking antibiotics for an ear infection they are required to be absent for 48 hours from the start of the antibiotic treatment.

**\*Flu** - Exclusion: until recovered

**Gastro Enteritis** - Exclusion: Children may need to see Doctor if symptoms are severe. Children must be excluded for 48 hours and until symptoms have ceased.

**Glandular Fever** - Exclusion: There is no benefit in keeping children away from Nursery once they feel well enough to attend.

**Hand Foot and Mouth** - Exclusion: While the child is unwell, the G.P. advises she/he should be kept away from Nursery once feeling better the child can attend nursery.

**Head lice** - Exclusion: None

**\*Hepatitis A** - Exclusion: Until the child feels well or until 7 days after the onset of Jaundice whichever is the latter.

**\*Hepatitis C** - Exclusion: None

**HIV – AIDS** - Exclusion: None

**Impetigo** - Exclusion: Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment

**\*Measles** - Exclusion: Four days from onset of rash

**\*Mumps** - Exclusion: Exclude child for five days after onset of swelling

**\*Meningitis** – Manager must be alerted immediately for examination. If this is suspected call an ambulance immediately. Managers must give the role, and inform the service that they are trained in first aid and suspect Meningitis. Follow the procedure in this Policy. Call the parents or carers immediately after calling the ambulance.

Exclusion: Children will be too ill to attend Nursery. Medical advice must be sought. Medical advice must be sought for all children and staff if there is a case of meningitis at the Nursery. This illness must also be reported to Ofsted.

**Pharyngitis or tonsillitis** - Exclusion: None

**Rashes** - Exclusion: The cause of the rash should be investigated by a doctor. It may be an illness, allergy or other cause.

**Ringworm** - Exclusion: not usually required unless a severe case.

**Rubella** - Exclusion: For four days after the start of the rash

**\*Scarlet Fever or Scarletina** - Exclusion: Child can return 24 hours after commencing appropriate antibiotic treatment

**Slapped Cheek Syndrome Erythema Infection or Fifth Disease** - Exclusion: Once the rash occurs a child need not be excluded from Nursery because at this stage they are no longer infectious.

**Scabies** - Exclusion: Exclusion is not necessary but parents should be informed as soon as possible and should be encouraged to seek medical advice. Children can return after their first dose of treatment.

**Shingles** - Shingles is very unusual in children. Shingles is usually the adult version of chicken pox. It can be very dangerous to a pregnant women. It can be recognised by blisters around the chest plate and under the arms. Child MUST go to the doctor and can return when the doctor agrees.

**Teething ailments** - Children frequently experience high temperatures and upset tummies when teething. If children are unwell and have more than three loose nappies and a high temperature it may be necessary for them to rest at home until feeling better.

**\*Typhoid, Paratyphoid and Polio** - Exclusion: Infected children are likely to be very ill and infectious. Children must not attend until they are given medical advice that they can.

**Tuberculosis** - Exclusion: Open Cases - exclusion for 2 weeks after treatment has started. Closed Cases - exclusion is unnecessary

**Verrucae** - Exclusion: Not necessary



## **Policy 7:**

### **Health and Hygiene Policy**

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**\*Whooping Cough or Pertussis** -Exclusion: 48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment

**Worms** - Exclusion: Parents should be advised to obtain medical advice as soon as possible. Strict hygiene is required once a case is discovered. For all cases of worms including ring worm children must be excluded until their GP has said they can return to Nursery.

**Asthma** - Asthma is a disease affecting the airways that carry air to and from your lungs. People who suffer from this chronic condition are said to be asthmatic. Inflammation causes the airways to become narrower, less air can pass through them, both to and from the lungs. Asthmatics usually experience these symptoms most frequently during the night and the early morning. The most common causes or triggers for asthma are when in contact with animals, tobacco smoke, cold air, exercises, pollen, viral infections, laughing, common colds, air pollution, house dust mites, insecticides, paint fumes, flour, dust, wood dust, certain foodstuffs, change in weather and emotional upset.

Children who are prescribed Inhaler or Nebulizers' for Asthma must bring them in a plastic container clearly labeled with emergency box and name. This is then stored safely and out of reach of children. With all medicines this can only be administered by a qualified first aider. A risk assessment and care plan will be completed before any child starts the nursery with all medical conditions. Symptoms of Asthma include:

- breathing problems,
- wheezing,
- chest tightness,
- difficulty speaking,

#### **Are there other times when children are excluded from Nursery?**

There may be other times when children are excluded from nursery to safeguard other children, parents, staff and members of the Nursery Community. Examples of such eventualities are:

- If the child or close members of their family had been in contact with someone who had a highly contagious and potentially life threatening illness e.g. Meningitis and was under observation.
- If the child or close members had the possibility of coming into contact with a person or people who may transmit a new, unknown or variant of a life threatening virus or illness e.g. SARS, Swine Flu, or new forms of mutating viruses which pose a recognised threat of serious illness or death.

Exclusion periods would follow advice given by at least one of the following:

- The NHS
- Our legal advisors
- The NDNA
- Our Local Authority or regulator.

## **Section 14:**

### **What emergency procedures does Nursery have?**

#### **What must be done as soon as a member of staff witnesses an accident or emergency situation?**

The person who witnesses an accident must put assess the situation quickly and take immediate action to calm the child or children, person or people involved. Call for help from senior member of staff on duty, staying with the child or children, person or persons involved.

- The senior on duty must attend the child or person involved.
- The CF Suitable Person must quickly assess the situation and decide if an ambulance is required.
- If an ambulance is required another CF Suitable person must phone for this and log the time called.
- Parents must be called as soon as possible in all cases of a serious nature and head injury.
- If logging the incident and from observations if first aid and comfort are not enough. Dial 999 and ask for an ambulance.
- Give the following information first about the age of the child and reasons why an ambulance is needed, details of the accident or emergency, stating that it is urgent. Then give information that the ambulance service requests using the child's file if necessary.

#### **Whilst this is being done what other actions must be taken?**

- The Manager or senior member of staff must remain with the injured child or children.
- All other staff not directly involved in the accident or emergency must quickly and calmly move the children to another area and ensure that they are not distressed.
- Parents or carers must be contacted immediately by phone
- Information from the child's file must be accessed to take to the hospital.
- A member of staff must be directed to the outer door or gate with the key to let the ambulance or paramedics in to Nursery quickly.
- The Nursery Director must be informed.



**What needs to be done once the initial emergency or accident has been dealt with?**

All of the following must be completed once the initial emergency or accident has been dealt with:

- If the accident is non-serious an accident form should be completed and countersigned. Parents must always sign forms.
- The correct records must be completed by a CF Suitable Person.
- All staff who observed the accident or emergency must write hand written, signed, dated and the time written.
- The First CF Suitable Person who attended the child or children must write a hand written statement. This must be signed and dated with the time written on it.
- The Nursery Director must be informed.
- An investigation will be undertaken by the Manager and/or Nursery Director into the circumstances.
- Changes may be made to ensure that there is no reoccurrence
- Parents will be informed as to the outcomes of the investigation and relevant changes made
- OFSTED/Local Authority to be informed if a serious injury occurs
- A risk assessment and further action should be considered by the Manager and Nursery Director.
- A SIF with a timeline must be completed.

**Section 15:****What about anaphylaxis and allergies and what are the procedures?****What is Anaphylaxis?**

There are children who have allergies or intolerances to specific foods or substances. These range from mild intolerances to severe allergies and anaphylaxis. Anaphylaxis is a life threatening condition. Anaphylaxis is a severe allergic reaction, the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the, 'trigger substance', but sometimes it can be hours after exposure. An increasing number of children are entering Nursery, or developing in their earliest years, severe allergies. We support the focus of the welfare requirements, "*Adequate and nutritious food and drink are essential for children's wellbeing. The registered person and staff have a good understanding of children's dietary and religious requirements and meet these appropriately to promote the child's health growth and wellbeing*". The Menu and Nutritional Policy – Policy 8, provides children with a wholesome, varied and healthy diet. The impact of this policy is that the Nursery is a nut free zone. This includes birthday treats that parents might want to bring in to Nursery for their children to share. This applies to all food that the children consume, including treats and special event or party foods. Parents are reminded of this occasionally in Monthly Newsletters. The most common allergens which cause a person to go into anaphylactic shock are nuts or seeds. These include peanuts, almonds, walnuts, cashews, brazils and sesame. Other foods include fish, shellfish, stones in fruit such as peaches or nectarines, dairy products and eggs. Non-food causes include wasp or bee stings, rubber, penicillin, and some other medications. On rare occasions there will be no obvious cause. Young children and babies can have an anaphylactic reaction to inoculations up to 78 hours after administered. This is a relatively new phenomenon. All children must be monitored carefully after inoculations are given. We may request full information from a GP or consultant for any child who may have an anaphylactic allergy if parents want this.

**Where are common allergens found?**

All food products must be scrutinized, but particular care must be taken by the Chef for the following. For children suffering from:

- Nut allergy - food packets must be scrutinised for nuts, or traces of nuts, ground nut oil or nut oils.
- Egg allergy – food information must be scrutinized for lecithin.
- Milk Allergy – food information must be scrutinised whey, whey powder, whey solids, casein, caseinates, lactose, milk fat, cheese powder, cheese, butter and ghee.
- Soya – food information must be scrutinised for soya milk, soya sausages, and soya margarine and soya lecithin.

**What does the Nursery do to avoid allergic reactions?**

In some cases the smallest trace of nut, or other allergen, touching the child's skin can cause a reaction. To avoid allergic reactions in nursery staff must:

- Ensure that the nut and sesame Nursery Policy is adhered to.
- Most foods now carry disclaimers for nuts, children with such allergies MUST avoid these foods.
- Minimise the risk by checking and remembering children's dietary requirements and allergies each month.
- Follow all individual children's menus.

## **Policy 7:**

### **Health and Hygiene Policy**

Updated March 2020

- The Nursery Chef and staff must be vigilant with all food products and foods.
- Be alert to all symptoms of Anaphylaxis and observe children carefully whilst children are eating.
- If you suspect an allergic reaction inform a senior member of staff and follow **The Crisis Plan**.
- If staff consume nuts at break times hand must be washed thoroughly with soap and water.
- Take extra special care of cakes and sweets that are brought in at Party and Festival times.
- Chefs receive additional training.
- The child is given a different coloured plate for meal times to promote their awareness that they cannot have certain foods.
- A placemat with description of allergies for the children are usually displayed every meal for staff awareness.

#### **How does the Nursery ensure that children do not come into contact with an allergen, or foods that are religious or cultural requirements or parent's preferences?**

The Nursery management programme stores data about allergies, religious and cultural requirements and parent preferences regarding food and drink. This is printed monthly and recirculated to all staff including our Chefs. Details of the children's needs are in the Nursery rooms. We have child size, colour coded plates, bowls and beakers in Nursery similar to those used in schools. Different colours represent different needs and as the child gets older, they learn their colour and what they can and cannot eat and drink. In time this prepares them for school transition.

#### **What are the symptoms of Anaphylaxis?**

Potential symptoms of Anaphylaxis are:

- generalised flushing of the skin,
- nettle rash anywhere on the body,
- sense of impending doom,
- swelling of the mouth, lips, or throat,
- difficult in swallowing or speaking,
- alterations in heart rate,
- severe asthma,
- abdominal pain, nausea, or vomiting,
- sudden feeling of weakness or drop in blood pressure,
- collapse or unconsciousness

One or more signs of any of the above symptoms might be signs of anaphylaxis. It is very likely that children may not be able to describe how they are feeling. Pre-loaded adrenaline kits or Epipens must be kept in the Nursery for any child at risk. Follow **The Anaphylaxis Crisis Plan** if there is a reaction. All team members must understand the symptoms and what to do. The senior CF Suitable Person on duty must be informed immediately.

- The child must be constantly monitored by a senior member of staff.
- The parents must be contacted.
- The Nursery Director must be contacted.
- Further action will be considered by the Nursery Manager,
- A SIF will be started with a full time line. A Riddor report may be required.
- Disciplinary action will be considered by Nursery Manager and Nursery Director.
- The Manager and Nursery Director will decide if outside agencies need contacting.

#### **ANAPHYLAXIS CRISIS PLAN**

- Immediately inform the senior member of staff on duty what you have observed.
- Senior member of staff assess the situation immediately to assess whether there are any signs of Anaphylaxis. *SIGNS AND SYMPTOMS CAN BE FOUND IN THIS POLICY.* If not continue to monitor the child carefully over the rest of the day and contact the parent to determine if they have ever had any concerns.
- If there are any signs of Anaphylaxis administer the adrenaline gun or another medication immediately. Make a note of the time. Put the child into the recovery position. Constantly monitor the child for breathing and increase or decrease of symptoms.
- Whilst doing this instruct a member of staff to call an ambulance immediately by dialling 999. Inform the operator that a child is suffering from anaphylaxis and ask for an ambulance immediately. Make a note of the time. Member of staff with security keys to wait outside the Nursery to enable Para medic or ambulance crew to locate the building and enter quickly.
- Whilst this is happening all other children must quietly and calmly be removed from the area or room that the child having the anaphylactic reaction is in. Constantly monitor the child.

## **Policy 7:**

### **Health and Hygiene Policy**

Updated March 2020

- After TEN minutes or the time indicated by the child's Doctor, a second dose of the medication may be required.
- Another senior member of staff to contact parents and explain what has happened, and what procedures have been undertaken. If Parents are unavailable authorised collectors are to be contacted.
- Senior member of staff to get the MEDICAL HOSPITAL ENVELOPE from the Child's file. This must accompany the child to hospital
- If the ambulance has not arrived within 5 minutes, dial 999 again and demand priority for the child.
- Senior member of staff to accompany the child to hospital if the parent does not arrive.
- Mobile phones cannot always be used in hospitals. However a mobile phone SHOULD be taken. Change for pay phones and money for a cab should be taken.
- Provider must be contacted.
- Nursery and parent or staff at hospital and Nursery Director to be kept informed.
- Staff, Parents, Consultant to be kept informed and liaise.
- Nursery Manager to conduct full investigation as soon as practicable. Further action to be considered including Staff Disciplinary.
- Policy must be reviewed by Nursery Director and Nursery Managers and perhaps child's Doctor or Consultant.

## **Section 16:**

### **What is stress and how is stress managed in the Nurser?**

#### **What is stress?**

The Health and Safety Executive (HSE) defines stress as, 'the adverse reaction people have to excessive pressures or other types of demand placed on them'. Staff feel stress when they can't cope with pressures and other issues. Employers should match demands to employees' skills and knowledge. For example, employees can get stressed if they feel they don't have the skills or time to meet tight deadlines. Providing planning, training and support can reduce pressure and bring stress levels down. Stress affects children and people differently. What stresses one person or upsets a child may not affect another. Factors like skills and experience, age or disability may all affect whether a staff or child can enjoy being at Nursery and can cope with the stimulating environment. Children and babies may suffer stress if there are family difficulties of there is the death of a loved one. In the case of team members there are six main areas of work design which can effect stress levels. You should manage these effectively. Some of these are:

- demands,
- control,
- support,
- relationships,
- role,
- change,

#### **What procedures are in place?**

Procedures are put in place to support staff in managing stress within the work place. These procedures are described fully in the Staffing Policy – Policy 1. These include regular supervisions to ensure staff are able to discuss any concerns, action plans to support staff and managers understand what they are working towards in that period. Managers, and senior staff schedules to ensure targets are met, Nursery Coordinator and Early Years Coordinator on hand to support in areas required. Risk Assessments are in place if someone is suffering from stress to ensure we are monitoring that persons stress at work.

## **Section 17:**

### **What about new and expectant parents and mothers?**

#### **What risks are there to expectant mothers?**

- When becoming an expectant mother there are many risks which we must minimise during the staff members risk assessment. Common risks are:
- lifting/carrying heavy loads
- standing or sitting still for long lengths of time
- exposure to infectious diseases
- work-related stress
- workstations and posture

#### **What procedures do you have in place to support new and expectant mothers?**

## **Policy 7:**

### **Health and Hygiene Policy**

Updated March 2020

Procedures are put in place to ensure all new and expectant mothers are supported at all times.

The following procedures are put in place:

- Pregnant staff are not be left on their own at any time. They must always be in a room with another member of staff.
- Risk assessments are carried out as soon as we are informed of the member of staff being pregnant. These are monitored and reviewed throughout the pregnancy, especially if concerns or issues arise.
- Staff are asked to try and make appointments outside of working hours however if this is not feasible the staff member will be released to attend their meeting.
- Regular supervisions are held to ensure the member of staff is happy and comfortable.
- Nursery Coordinator and Early Year's Coordinator will support Managers and staff members as and when needed.
- Pregnant people need to keep their Manager or line Manager informed of all or any concerns

## **Section 18:**

### **How is mental health and wellbeing supported at Policy Nursery?**

#### **What is mental health and wellbeing?**

Mental health and wellbeing includes, emotional psychological wellbeing. It affects how children and adults think feel and act. It also determines how stress and upset is handled, how children and adults relate to each other and make choices. Mental health and wellbeing is important at every stage of life from babyhood through adulthood. Over the course of children's and adults lives there may be some periods of mental health concerns or wellbeing issues. Factors that contribute to this include: biological factors such as genes or brain chemistry, life experiences such as trauma or abuse, Family histories can also factor into this.

#### **What support is in place for pre-natal and post-natal depression for parents?**

There are lots of support groups for mothers and, or fathers to attend. Further information can be obtained from Health Visitors, GP's or on line. Some support groups on offer to parents are:

- [www.mind.org.uk](http://www.mind.org.uk)
- [www.nhs.co.uk](http://www.nhs.co.uk)
- [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)
- [www.mothersformothers.co.uk](http://www.mothersformothers.co.uk)

Mental health and wellbeing includes, emotional psychological wellbeing. It affects how children and adults think feel and act. It also determines how stress and upset is handled, how children and adults relate to each other and make choices. Mental health and wellbeing is important at every stage of life from babyhood through adulthood. Over the course of children's and adults lives there may be some periods of mental health concerns or wellbeing issues. Factors that contribute to this include: biological factors such as genes or brain chemistry, life experiences such as trauma or abuse, Family histories can also factor into this.

#### **What support does Nursery have in place for mental health and wellbeing?**

Staff are regularly trained in our Safeguarding Policy– Policy 13. Staff are aware to look for any changes in behaviour of the children at Nursery and report to the Management team. Referrals can be made to work with the whole family to ensure the child is receiving the all the support we can offer. In the case of staff with mental health or wellbeing issues we can offer supervisions and offer extra support when needed as well as support for staff to attend counselling etc.

#### **What agencies can we work with?**

There are lots of support groups for mental health which the nursery can give further information about. Some support groups on offer to the individuals are:

- [www.mind.org.uk](http://www.mind.org.uk)
- [www.nhs.co.uk](http://www.nhs.co.uk)
- [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)
- [www.time-to-change.org.uk/mental-health](http://www.time-to-change.org.uk/mental-health)

## **Section 19:**

### **Where are copies of forms and monitors?**

These can all be found in the next section.

**Consent Form 1**

**This form is to be completed when the child is on the medication for a maximum of 2 weeks. This includes if the child is on antibiotics once they have not attended for 48 hours.**

Child's full name \_\_\_\_\_

Dates the medicine is to be administered. From \_\_\_\_\_ To \_\_\_\_\_

Name of medication to be administered \_\_\_\_\_

Time(s) medication needs to be administered \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Form of medication (please circle) Tablet      Capsule      Liquid      Cream

Amount of medication to be administered \_\_\_\_\_

Reason for medication \_\_\_\_\_

Is this emergency medication? Does this need to be taken on outings? Yes      No

Should the child administer the medicine themselves? Yes      No

How long has the child been on this medication? \_\_\_\_\_

Has this medication been prescribed by a doctor? Yes      No

Would you like us to contact you before each dose? Yes      No



## **Policy 7:**

### **Health and Hygiene Policy**

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**I authorise the Nursery to administer the medication stated above to my child.**

Parent/Carer full name \_\_\_\_\_

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_ **Consent expires 2 weeks after signing,**

#### **Nursery Use Only**

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

Medicine to be stored in    Fridge    Medicine cupboard    (please circle)

Date \_\_\_\_\_ Expiry date of consent \_\_\_\_\_

Sticky label attached to medication signed by the senior on site    Yes    No

#### **Consent Form 2**

**Short Term Medicine – Maximum of being on medication for 1 year and teething products for children who are teething.**

Child's full name \_\_\_\_\_

Dates the medicine is to be administered. From \_\_\_\_\_ To \_\_\_\_\_

Name of medication to be administered \_\_\_\_\_

Time(s) medication needs to be administered \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Form of medication (please circle)    Tablet    Capsule    Liquid    Cream

Amount of medication to be administered \_\_\_\_\_

Reason for medication \_\_\_\_\_

Is this emergency medication? Does this need to be taken on outings?    Yes    No

Should the child administer the medicine themselves?    Yes    No

How long has the child been on this medication? \_\_\_\_\_

Has this medication been prescribed by a doctor?    Yes    No

Would you like us to contact you before each dose?    Yes    No

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I authorise the Nursery to administer the medication stated above to my child.

Parent/Carer full name \_\_\_\_\_

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_ **Consent expires 1 year after signing.**

#### Nursery Use Only

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

Medicine to be stored in    Fridge    Medicine cupboard    (please circle)

Date \_\_\_\_\_ Expiry date of consent \_\_\_\_\_

Sticky label attached to medication signed by the senior on site    Yes    No

#### Consent Form 3

**Long term medicine – medicine which the child must take for the entire time the child attends nursery such as asthma inhalers, Epipens etc.**

Child's full name \_\_\_\_\_

Circumstances the medicine needs to be administered \_\_\_\_\_  
\_\_\_\_\_

Name of medication to be administered \_\_\_\_\_

Time(s) medication needs to be administered \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Form of medication (please circle)    Tablet    Capsule    Liquid    Cream

Amount of medication to be administered \_\_\_\_\_

Reason for medication \_\_\_\_\_

Is this emergency medication? Does this need to be taken on outings?    Yes    No

Should the child administer the medicine themselves?    Yes    No

How long has the child been on this medication? \_\_\_\_\_

Has this medication been prescribed by a doctor?    Yes    No

Would you like us to contact you before each dose?    Yes    No

Is there a possibility your child will require emergency hospital treatment due to this condition?    Yes  
No

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Name of child's consultant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

I authorise for the Nursery to administer the long term medication as described above. This agreement will expire once my child leaves nursery.

Parent/Carer full name \_\_\_\_\_

Parent/Carer signature \_\_\_\_\_

Date \_\_\_\_\_

Nursery Use Only

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_

Expiry date of medication \_\_\_\_\_

Medicine to be stored in    Fridge    Medicine cupboard    (please circle)

Date \_\_\_\_\_ Expiry date of consent \_\_\_\_\_

Sticky label attached to medication signed by the senior on site    Yes    No

**Temperature Monitor Log**

**Children with temperatures over 38.5 degrees must be monitored every 10 minutes and their temperature recorded below. Parents must be informed. If the child's temperature reached 38.5 degrees parents must be contacted immediately to collect the child.**

Child's name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Time	Other Symptoms	Temperature (in degrees)	Staff Members Initials

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**Parents Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Administered Medicine Form**

**Childs Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Date medication was administered** \_\_\_\_\_

**Child's symptoms** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medication administered** \_\_\_\_\_

**Amount given to child** \_\_\_\_\_

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Did child accept all medicine?    Yes                  No

Parent/Guardian contacted?    Yes                  No

Child collected early?    Yes                  No

Signed by Parent/Carer \_\_\_\_\_

*Nursery Use Only*

Administered by \_\_\_\_\_

Witness Sign \_\_\_\_\_

Manager Sign \_\_\_\_\_

**Sleep Temperature Log**

Room \_\_\_\_\_

Date \_\_\_\_\_

Name of child	Time Slept	Time woke up

Time	Temp	No of children asleep	Children checked individually	Staff initials



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**Health Care Plan - To be completed for any children with asthma or allergies**

To be completed by parents	
Child's name:	
Date of Birth:	
Address:	
Medical Condition:	
Brief description of medical history:	
Medicine required: (All medicines must be prescribed by a doctor).	
When is medicine required:	

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Dosage required:	
Allergies to:	
<u>Parent Contact Details</u> Parent details:  Parent details:	Home: Work: Mobile:  Home: Work: Mobile:
<u>Doctors details</u> Name:  Address:  Phone Number:	Authorised collectors details: Full Name Home: Work: Mobile:

Risk Assessment Complete on:	
What to do if child has a mild reaction and symptoms:	
What do if the child has a serve reaction and symptoms:	As above.
Where possible, a letter from a GP or specialist should be attached to the health care plan regarding your child's medical condition.	

To be complete by supervisor and parents	
Strategies to minimize the risk:	
Is staff training required:	
Type of Training required:	
Responsible Persons:	
Storage for Medicine:	
Expiry date of medicines:	

The healthcare plan will be valid for one year or until advice by parent or childcare service of a change in my child's health care requirements.	
Manager Signature:  Date:	Parents Signature:

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Review Date:	
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