

# 4.0 Promoting Health and Hygiene



## 4.1 Hygiene

### Introduction

The Lenches Pre-school takes hygiene seriously and aims to maintain a high standard of hygiene within the setting. Maintaining good hygiene practices helps to eliminate the spread of illness and limits outbreaks of reportable diseases. We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up to date with the latest recommendations.

### Our Aim

The Lenches Pre-school aims to try to prevent any spread of infection to ensure that we maintain good health. Our staff have a secure knowledge of our policies and arrangements for health and hygiene and are committed to adhere to the agreed procedures that aim to promote children's good health.

### Procedures

- Management team will be responsible in carrying out risk assessments to make sure environment and equipment are clean and safe both inside and outside the setting before the children come in.
- Staff members will make sure that the toilet area, nappy changing mats, all play areas, kitchen area, and eating area are cleaned before and after the sessions on a daily basis, using gloves and cleaning detergents.
- Outdoor equipment will be checked and cleaned daily, water will be replaced daily and sand trays covered and replaced as needed throughout the term.
- Children will be encouraged in our daily routines to learn about personal hygiene and spread of infection by washing hands after using the toilet (there will be photos in place for children to identify this) washing hands under running water before snack time. Using individual paper towels to dry hands after washing.
- Covering the mouth with hands / tissue when coughing / sneezing. Wiping their noses and disposing the soiled tissue in the bin. Staff to ensure there are adequate amounts of tissue available and antibacterial gel available to staff.
- Our staff will have awareness training and whenever possible will attend training for Health and Hygiene to ensure that we maintain the high standard of hygiene we offer.
- Staff will also demonstrate good hygiene practice by washing hands at all times before handling food and washing hands after using the toilet.
- All surfaces cleaned daily with appropriate cleaners. Never cough / sneeze over food.

- Any spills of body fluids / blood will be wiped up and double bagged before being binned, and then the area of the spillage will be mopped using hot water and appropriate cleaners using the correct coloured mops – Staff will always use disposable aprons / rubber gloves when cleaning body fluids.
- Wearing disposable aprons/gloves when cleaning spillage of any bodily fluid
- Staff to use correct cloths and mops / buckets to clean different areas
- The pre-school regularly clean the resources and equipment and dressing-up clothes.

During the pandemic we will be following government and local authority advice and protocols set out in the guidance that is provided to us.

## 4.2 Administration of Medicines

### Policy statement

While it is not our policy to care for sick children, who should be at home for a minimum of 48 hours, until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect.

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

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parental consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

### Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- **Only prescribed medication should be administered.** It must be in-date and prescribed for the current condition.
- NB Children's paracetamol (un-prescribed) is only administered with the written consent of the parents in the case of easing any pain or mild conditions. Children with high temperature are advised to stay at home for a minimum of 48 hours until they get better.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication in the Medicine Record book. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:

- full name of child and date of birth;
- name of medication and strength;
- dosage to be given in the setting;
- how the medication should be stored and expiry date;
- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/manager; and is verified by parent signature at the end of the day.

### **Storage of medicines**

- All medication is stored safely in the kitchen, in a marked plastic box provided by a parent/carer.
- The child's parent or carer is responsible for ensuring medicine is collected at the end of the session.
- For some conditions, medication may be kept in the setting i.e. Epi-pen. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

***Medicines are stored in the marked plastic box and placed either in the refrigerator (if required) or in the pre-school cupboard.***

***Staff are verbally informed and medication books are filled in***

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- All medication to be administered by two members of staff and signed & co-signed in the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

- For some medical conditions, key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed annually or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### **Asthma**

- The Lenches Pre-school recognises that asthma is a widespread, serious but controllable condition and the preschool welcomes all children with asthma.
- Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the child's name. These should be kept in the kitchen and accompany the child when they are off the premises.
- Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the child may need support to use this.
- Ensure health care plan is up to date and reviewed 6 monthly.
- Ensure all medication is labelled and stored correctly.
- Ensure accurate recording of any medication given and signed by the parents/carers.
- Have a delegated staff member to check the expiry date of spare reliever inhalers and maintain the allergy/medical conditions register.
- Parents should be notified when a child has used an inhaler excessively or more regularly than usual.
- Ensures that all staff (including volunteers and temporary staff) who come into contact with children with asthma know what to do in an asthma attack.
- Only staff members who are asthma/ emergency drug trained can administer inhalers.
- Ensures that children with asthma can and do participate fully in all aspects of the preschool.
- We will work in partnership with all interested parties including the committee, all staff, nurses, parents/carers, doctors and the child to ensure the policy is planned, implemented and maintained successfully.

### **Managing medicines on trips and outings**

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.

- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outings procedure.

## 4.3 Managing Children who are Sick, Infectious or with Allergies

### Introduction

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

#### Our Aim

To promote the good health of children attending the setting. In cases of children becoming ill or infectious we aim to take steps to prevent the spread of infection, and take appropriate action if children are ill.

#### Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature of above 37.8 or below 36, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- **NB If the temperature continues to rise above 40 before collection of child then monitor the child's condition and call NHS 111 for advice, or an ambulance if the child appears unresponsive or has a fit.**
- If a child has a temperature, they are kept cool, by removing top clothing but kept away from draughts.
- The child's temperature is taken using a digital thermometer, which is kept in the first aid box and temperature recorded.
- In extreme cases of emergency, the child should be taken by ambulance to the nearest hospital and the parent informed.
- Parents may be asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

#### Reporting of 'notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

### **HIV/AIDS/Hepatitis/Bodily fluids procedure**

- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and red mop and bucket; any cloths used are disposed of with the clinical waste.

### **NB: Clean mop after use.**

- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### **Cleaning & Clearing of Bodily Fluids**

When cleaning or clearing bodily fluids employees are to adhere to the following procedures:

- Isolate the area with signs and barriers as necessary
- Put on clean disposable gloves & white apron. Clean the area using anti-bacterial cleaner and disposable paper towels
- Place all cleaning materials and used PPE into a nappy sack and dispose of in the nappy

### **Pre-school Spillage Control Procedure**

Introduction Spillages of any kind present an immediate hazard to children and staff. All actions taken as a result of a spillage must be aimed at reducing the slip hazard presented. Immediate Actions Seek immediate assistance without leaving the spillage area.

- Arrange for the placement of the spillage barriers in a way that will prevent access to the spillage area to passers-by.

Deal with the spillage according to the following:

#### **Non- Hazardous Liquid Spillages**

- a. Use the mop and bucket to dry up as much of the liquid as possible. If necessary, use paper towel to ensure the entire area is dry.
- b. Remove the barriers and carry out any reporting duties regarding the incident/accident

#### **Dry Spillages**

- a. Sweep up the spill using the broom and/or dustpan and brush as necessary.
- b. Remove the barriers and carry out any reporting duties regarding the incident/accident.

#### **Hazardous Spillages**

- a. Spillages comprising bodily fluids are to be dealt with in accordance with the Pre-school Hygiene Procedures (see above).

b. Spillages of hazardous materials are to be dealt with the appropriate Material Data Sheet and associated risk assessment & control methodology (see COSHH Inventory).

### **Procedures for children with allergies**

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epi-pen).
- Control measures – such as how the child can be prevented from contact with the allergen.
- Review.
- Parents train staff in how to administer special medication in the event of an allergic reaction. Manager to be advised to seek professional training in how to administer special medication i.e. epi-pen, asthma inhalers etc.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

### **Insurance requirements for children with allergies and disabilities**

The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

**At all times the administration of medication must be compliant with the Welfare Requirements of the Early Years Foundation Stage**

### **Oral Medication**

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The group must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The group must have the parents or guardian's prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.
- Life saving medication & invasive treatments - adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of

Diazepam (for epilepsy).

The setting must have:

- written consent from the parent or guardian allowing staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Confirmation will then be issued in writing confirming that the insurance has been extended.

Key person for SEND children - children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Staff to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

If you are unsure about any aspect, contact the Early Years Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

#### **Lifesaving medication and invasive treatments - EPILEPSY, ANAPHYLAXIS AND DIABETES**

Adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy). Parents have a duty and responsibility to notify the pre-school if their child has any of these conditions and should provide details of any treatment and support they may require in the setting. Relevant health care professionals will liaise between parents/guardians and pre-school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

The provider must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- written consent from the parent or guardian allowing staff to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

*Copies of all three documents relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.*

**If you are unsure about any aspect, contact the Early Years Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).**

## 4.4 Recording and reporting of accidents and incidents

### Including procedures for reporting to HSE and RIDDOR

#### Introduction

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are NOT regarded as incidents and there are separate procedures for this.

At The Lenches Pre-school we understand our duty to meet safeguarding and welfare requirements in regards to keeping a written record of accidents or injuries and first aid treatments.

#### **Our Aim**

To ensure we meet the safeguarding and welfare standards in reporting incidents and accidents promptly and accurately.

#### **Our accident book:**

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

Ofsted is notified of any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

#### **Reporting accidents and incidents**

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:

- Food poisoning affecting two or more children looked after on our premises.
- A serious accident or injury to, or serious illness of, a child in our care and the action we take in response.
- The death of a child in our care.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

## **Head Injuries**

Children who sustain a head injury MUST be reviewed by a First Aider. If a child has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the child can remain in preschool whilst being observed. A head injury advice sheet must be completed and sent home. If a child receives an head bump at the Pre-school Parents will be contacted by phone

## **RIDDOR**

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

## **We report to the Health and Safety Executive**

- Any work-related accident leading to an injury to a child or adult, for which they are taken to hospital.
- Any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days.
- When a member of staff suffers from a reportable work-related disease or illness.
- Any death, of a child or adult, that occurs in connection with activities relating to our work.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

Information for reporting incidents to the Health and Safety Executive is provided in Early Years Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book.

## **Our incident book**

We have ready access to telephone numbers for emergency services, including the local police.

- We ensure we have access to the person responsible for our building and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording major incidents, including those that that are reportable to the Health and Safety Executive as above.

## **These incidents include:**

- A break in, burglary, or theft of personal or the setting's property.
- An intruder gaining unauthorised access to the premises.
- A fire, flood, gas leak or electrical failure.
- An attack on member of staff or parent on the premises or nearby.
- Any racist incident involving staff or family on the setting's premises.
- A notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises.
- The death of a child or adult.
- A terrorist attack, or threat of one.

- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families.

Our standard Fire Safety, Emergency Evacuation Policy and Lock Down will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.

In the unlikely event of a child dying on the premises, for example, in the case of a child, the emergency services are called, and the advice of these services are followed.

The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

### **Common Inspection Framework**

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

### **Legal framework**

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013  
(As Amended)

### **Further guidance**

RIDDOR Guidance and Reporting Form: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)

## 4.5 Continence Policy

### Introduction

Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition. The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities".

It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence. Settings are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

This policy does not cover intimate care of children with more complex health conditions e.g. catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

### Our Aim

At The Lenches Pre-school we aim for all our children to feel emotionally and physically secure in order to achieve well and enjoy their learning. We offer tailored support for the specific specialist needs of some learners.

- To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- To support staff to meet the holistic needs of children including the development of continence and independence.
- To establish good practice in the care of children with management of continence needs.
- To ensure that children are treated with dignity and respect by those adults responsible for them.
- To ensure good safeguarding practice to protect children, staff, and volunteers.
- To establish partnership working between the child, the child's parents / carers and professionals involved.

### Children who require support with continence development

Children who require support with continence development and management are a very diverse group. Each child should be treated as an individual but in broad terms the children who will need support with continence may be:

- Children with some developmental delay.
- Children with physical disabilities or complex medical conditions

- Children with behavioural or emotional difficulties.

### **Environment**

We ensure we provide suitable hygienic changing facilities for changing any children who are in nappies and ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available. We maintain an emergency supply of adequate resources as detailed in a Health Care Plan. On occasions where our settings resources are used, parents are requested to replace them.

### **Safeguarding**

Everyone working with children should be aware that those with additional needs may be particularly vulnerable to abuse. The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to ensure that abuse does not take place. However, to minimise risk, The Lenches Pre-school follow the following procedures:

- All staff, regular volunteers and parent helpers who attend the preschool regularly are DBS checked and have received at least universal Safeguarding qualification, this is renewed at least every 3 years but also revisited at every staff meeting. In addition to this the Worcestershire Safeguarding Bulletin is sent to all staff when it is issued.
- All staff, learners and volunteers have read and understood our Safeguarding policy and procedures and signed to confirm this.
- We provide sufficient suitably trained staff to be able to deal with continence issues.
- All staff members must be vigilant for any indication of inappropriate practice and report such concerns to the designated person DSL.
- If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions should be incorporated into the child's plan – e.g. two adults to be present when changing the child.
- All adults working with children have enhanced DBS clearance and should be closely supervised throughout any probationary period.
- Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, should always be appropriately supervised.
- Where possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
- All staff involved in changing nappies or supporting toileting should be aware of the child's health care plan and ensure that this is adhered to at all times. Any deviation from the plan should be reported and recorded in line with setting procedures.
- Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with setting procedures.
- The adult responsible for the child is made aware when a child is being taken to the toilet or having a nappy changed.

### **Health Care Plan**

The Health Care Plan must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the setting and the parent / carer. Any health professionals involved with the child should also be involved in the drawing up of the Health Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care should also be kept. The setting should send a copy of the plan to any health professionals involved with the child for comment. The plan should be completed taking into account the following partnership working principles:

The parent should:

- Agree to change the child at the latest possible time before bringing him/her to the setting.
- Provide the setting with spare nappies and a spare set of clothes if appropriate. Settings should have spare resources available for emergencies.
- Understand and agree the procedures that will be used when the child is changed at the setting – including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into setting in a named and sealed container. Setting should follow their Administration of Medication policy where appropriate, and prior written permissions should be obtained from parents/carers
- Agree to inform the setting should the child have any marks / rash in line with their safeguarding procedures.
- Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

#### **The Health and Safety at Work Act 1974**

- Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

The setting should:

- Include the following in the child's Health Care plan; frequency of changing, taking into consideration their individual needs.
- Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.
- Agree to review arrangements as and when necessary or annually..

#### **Facilities**

The Lenches Pre-school has a changing unit facilities for the children. This is located in Disabled Toilet. We also have separate facilities for both girls and boys. At all times the safety of the child and staff is considered.

### **Written guidelines for staff**

A set of written guidelines is agreed and made available to parents / carers of children for whom a Health Care Plan is in place. The following areas should be included in the care plan;

- The requirement for individual's job description to specify that they will deal with continence problems.
- Where possible the child's Key Person or appropriate adult will take responsibility for continence management.
- To protect staff from allegations, effective safeguarding procedures must be in place and followed.
- Where continence management changing will take place.
- What resources will be used; including cleansing agents / creams?
- How the nappy/pad/pull up will be disposed of.
- What infection control measures are in place?
- What the members of staff will do if the child is unduly distressed.
- What the procedures are if marks or injuries are noticed on the child.
- What the recording procedures are and how they are used to evaluate the continence management of the child.
- How continence management is recognised in setting policies and procedures (for example Safeguarding, Equality and Diversity, Special Needs).

## 4.6 Nappy Changing and Potty Training

### Policy statement

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

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

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

### **Procedure for dealing with nappy changing to avoid cross contamination;**

- Nappies/pull-ups should be changed within two hours of a child's arrival to the setting or before if wet or soiled, they are checked and changed regularly every 2 hours.
- Put on new disposable apron and gloves.
- Clean mat with appropriate cleaning wipes or spray before commencing every nappy change.
- Child should be asked to lie down on the mat and if appropriate, an older child may be more comfortable standing up.
- Child can assist where appropriate to support their continence independence.
- Change child's nappy/pad/pull up.
- Put soiled nappy/pad/pull up in double nappy sacks (or in an emergency a plastic bag) and dispose of immediately in bin provided.
- Spray or wipe the changing mat with appropriate cleaning agent.
- Put wipes, nappy/pad/pull up, sack, apron and gloves into the bin provided.
- Wash hands and ensure the child washes hands before leaving the toileting area.
- When all toileting/ nappy changing has finished sinks are to be sanitised using appropriate cleaning products.
- Empty toilet bin at the end of the day and re-line with clean bag.
- Dispose of the bin bag in the black bin outside of the building.
- Where a child is on a Care Plan document the procedure you have followed on the actual Care Plan.
- Where a child is not on a Care Plan write in the toileting book, the time you changed them, your initials and any other details deemed necessary. This is kept in the toilet.
- If a member of staff is unable to perform the task of changing nappies due to being unwell, the manager should be informed, and a back-up person will be allocated for that day.
- At no time should the child be left unattended.
- Each young child brings their own nappies or 'pull ups', disposable bags and changing wipes or creams.

- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet or a potty.
- A person changing nappies are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- NB If young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.

#### **Procedure for dealing with toileting/potty training to avoid cross contamination**

- Staff are to wash their hands thoroughly and effectively.
- Put on new disposable apron and gloves.
- Ensure potties/toilet seat are sanitised before use using appropriate cleaning agents.
- Child can assist where appropriate to support their continence independence.
- Child to wash hands before leaving toilet area.
- Empty potty where necessary into toilet and flush.
- Sanitise potty/toilet seat and dispose of gloves, apron and wipes in double nappy bag and place in nappy bin.
- Staff to wash hands then sanitise sink area.

## 4.7 Table Cleaning Procedures

This procedure meets the requirements of the HPU 2012 Infection Control Guidelines, Food Standard Agency Safer Food Better Business and the Environmental Rating Scales

### General Principles

Hot water and a general-purpose detergent are all that is needed for day to day cleaning. Hot water will aid the detergent in removing greasy substances from the table surface. The physical act of cleaning will remove dirt and most bacteria.

### Cloths

A new or freshly laundered cloth should always be used each time tables are cleaned. Paper towel can be used as an alternative. Providing tables are physically clean, the same cloth may be used to clean all of the tables, but must be washed out in the hot soapy water between moving on to a different table.

Clothes need to be washed at a hot setting (usually 60 degrees on a domestic washing machine). If cloths are very soiled, then they should be replaced. Hand washing is not adequate due to the need to be wash at a high temperature.

### Tables

If tables have been used for activities such a planting seed and have soil on the surface they should be cleaned with a general purpose detergent and after drying, cleaned with a disinfectant solution.

Following general use of the tables, a thorough cleaning once a day using a disinfectant solution will be sufficient. Detergent and hot water are all that is required throughout the rest of the day.

Children and food should not come into contact with the disinfectant whilst cleaning of the tables is in progress.

At the Lenches Pre-school we use:

- Detergent- washing up liquid
- Disinfectant- anti- bac spray, household bleach, Milton, sterilising tablets.

We use chemicals in accordance with manufacture's guidelines and store in a kitchen out of the reach of the children, which children do not have access to.

to.

### Procedures for cleaning tables

- Clean with hot soapy water using disposable or clean re-useable cloth. If hot water is not available a sanitiser can be used.
- Thoroughly dry the table using paper towel or allow it to air dry.

- If the table is very dirty or has had contact with a contaminate, such as garden soil, clean with hot soapy water first, dry and then disinfect and dry again.
- Ensure children and food do not come into contact with the disinfectant.
- Avoid food contact with the table by using plates for all meals and snacks, including lunch boxes.
- Disinfect tables thoroughly at least once a day, ideally last clean at the end of the session or first clean in the morning.

## References

HPU Infection Control Guidelines, Worcester County Council 2012

Safer food, better business for Caterers

Food Standards Agency [www.food.uk](http://www.food.uk)

## 4.8 Food and Drink

### Policy statement

This setting regards snack and lunch times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating.

At snack times, we aim to provide nutritious food, and recommend a healthy choice of food for the lunch box.

### Procedures

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

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children with Allergies policy.)
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- We provide a food suitable for vegetarian or religious diets.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.

- We have fresh drinking water constantly available for the children as well as their own drinks containers available. We inform the children about how to obtain the water or their own drink and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we have free provision for this. We provide semi-skimmed milk. We provide parents with ideas of what to put in lunchboxes and portion sizes.
- We encourage children to save sweet treats for home or eat them after savoury and fruit.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

**Packed lunches we:**

- Recommend that packed lunches contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- encourage parents to provide a healthy balanced lunch and a fruit or vegetable snack. We discourage sweet drinks and can provide children with water or weak diluted squash;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- ensure staff sit with children to eat their snack and lunch so that the mealtime is a social occasion.

## 4.9 Food Hygiene

### Introduction

At The Lenches Pre-school we provide and serve food for children throughout the day such as breakfast, lunch and snack time .

We recognise we have a responsibility and duty of care when dealing with the preparation and serving of food. Risk assessment is the key means through which this is achieved.

#### Our Aim

We aim to maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food. We aim to ensure that our setting is suitable, clean and safe for children to be cared for, where they can grow and learn. We aim to meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant early year's foundation stage welfare requirements.

#### Procedures

- The person in charge and the persons responsible for food preparation understand the principles of good hygiene practices. The basis for this is risk assessment as is applying to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff at The Lenches Preschool have an in-date Food Hygiene Certificate.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored on a lunch box rack in a reception area. All packed lunch boxes require an ice pack to keep the food fresh. Any un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for handwashing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
  - are supervised at all times;

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

### **Reporting of food poisoning**

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

## 4.10 No Smoking Policy

### Introduction

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors. The term smoking refers to both cigarettes, roll-ups and E-Cigarettes.

### Procedures

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- The hall we are based within displays no-smoking signs.
- Smoking is not allowed on the premises, both indoors and outdoors.
- If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere.
- Staff do not smoke in their work clothes and are requested not to smoke within 15 minutes of working with children.
- Staff who do smoke are requested to follow personal hygiene routines to ensure every effort is made to remove the signs of smoking.

### Legal framework

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)

## 4.11 Biting Policy

### Our Aims

At The Lenches Pre-school we want to ensure that every child is safe while in our care. This policy provides an environment that encourages and promotes cooperative interaction, respect for others and non-aggressive problem solving between the children. Biting is a normal stage of development for young children who are teething and are still developing their language and social skills. It is usually a temporary condition that is most common within the toddler's age group.

For the Health and Safety reasons we take biting seriously. Children bite for a variety of reasons: simple sensory exploration, panic, crowding, seeking to be noticed or intense desire for a toy. There are times, however, when no one can be within immediate reach to prevent a bite.

### If a child bites:

- We will comfort and take care of the child who has been bitten and give first aid treatment if necessary.
- To the biter, the child's key worker (if present) will say in a firm but gentle voice 'It is NOT ok to bite, biting hurts'. We try to help the child understand how the other child feels (i.e. look she/he is crying).
- Encourage the biter to 'make amends' by helping get a cold compress, give the child a cuddle or favourite teddy/ toy for comfort and always say- Sorry.
- No time out or physical punishment will be given to the biter in any circumstances!
- Every incident will be put in the bitten child's accident book, both parents informed in confidence about the incident.

All staff will use above points when dealing with a biting incident. If biting continues to occur we will take next steps in observing the child to look at individual strategies which may support the child through this development stage. If needed The Lenches Pre-school will gather information and advice from outside agencies.

### Managing our practice:

- We will do our best to prevent biting taking place. In our practice we will look at individual needs of all children and through our knowledge of this take care in planning and stimulating the environment for all children.

- If a child bites we will try to understand the reason of this through close observation of the child.
- Staff have clear steps to follow when dealing with biting to ensure stability and good understanding for all children. However, if biting continues, one to one observation will take place to identify the trigger. All information will be shared with the parents and possible next steps will be discussed.

**Role of the staff:**

- All staff are happy to provide confidential support for the parents/ carers.
- Highlight the role of staff in implementing the policy effectively.
- To inform parents, ensure they are given correct information and understand how the incident was dealt with.
- Be clear what the team will do if biting continues.
- Review and update policy annually.

## 4.12 Sun and Sun Cream Policy

### Introduction

The Lenches Pre-school understands the importance of children playing and exploring the great outdoors during Summer months. We wish to encourage this through providing opportunities for outdoor play, such as; forest school, gardening, playground, park, and outings.

### Our Aim

To allow the children access to the outdoor spaces available to The Lenches Pre-school whilst keeping them safe from the sun and the effects of the sun.

### Procedures

- All parents will receive information on suitable dress, headwear, and sun cream to ensure their child's safety in the sun.
- We recommend as a minimum that children wear a hat, cover their shoulders and wear enclosed shoes during periods of hot weather.
- Parents are requested to apply sun cream to their child before their child arrives at pre-school.
- Parents are requested to bring in a named bottle of sun cream, which is kept at pre-school.
- A signed permission slip will be required to authorise staff to apply sun cream which is included in our registration form
- Staff will help children apply their own sun cream at lunchtimes.
- Wherever possible staff and children will avoid going outside to play in hot weather
- The pre-school will provide sun awnings or similar to provide welcome shade on sunny days.
- A jug of water and cups will be placed outside on hot days to help remind children of the need to stay hydrated.
- All children and staff will be actively encouraged to wear sunhats in hot weather.
- The pre-school has a supply of spare sun hats should children forget their own.
- Staff will plan experiences to help children understand the dangers of the sun and to prevent this through clothing and sun cream.
-

## 4.13 Breakfast Club Policies and Procedures

### Aims

- To provide childcare before pre-school.
- To promote healthy eating.
- To provide a safe and caring environment for children to enjoy at the start of the day.
- To provide activities to stimulate children in our care at the start of the day.

### Opening times

Breakfast club operates every day, from 8.30am until 9am during term times only. Children should not be admitted before 8.30am. Two pre-school staff arrive to the pre-school at 8 am and start to set up the main hall and meeting room. Meeting room will be set up first, ready for the children to arrive for Breakfast Club. Risk Assessment Check list will be carried out before children's arrival. One member of staff will be supervising children during breakfast, while other staff continue to set up the main room, ready for 9am opening.

### Register

Parents complete a registration form. The person in charge of the club records every child's attendance in a daily register. Parents must handover the children to the supervisor for registration before leaving. A staff register is also kept. If staff are unable to come to work due to sickness or another unforeseen circumstance, they must inform the manager of the setting by 7.00am.

### Breakfast Menu

We promote a healthy start to the day for all children attending the club. Our varied breakfast menu consists of:

- A choice Cereals- We only choose healthy options. Cereals/ porridge is served with semi-skimmed milk.
- Toast with a selection of spreads / toppings. Butter, margarines, and spreads can be offered but children are encouraged to use them all sparingly by spreading them thinly on bread.
- Milk and water-Semi-skimmed milk is free of charge. Water is always available.

We shall encourage children in our care to make healthy options when choosing a breakfast. Once all the children have been fed, the children are offered a range of activities, books, toys, and games.

It is important to us that the children enjoy coming to breakfast club, they will have choices of activities and will be asked about the kinds of things they enjoy doing in the morning.

### Staffing:

The staff ratios for the Breakfast Club are:

1 adult: 8 children (3 years plus)

1 adult: 5 children (2 years old)

There will always be 2 additional adults on pre-school premises when the club is running. A First Aider will be available during this time. All staff follow normal recruitment procedures including DBS check, references, and training requirements.

### **Storage of Provisions**

All food is stored in a cupboard in the kitchen. The fridge in the kitchen is used for the storage of milk, jam and butter/spread. The fridge is regularly tested for temperature and cleanliness.

### **Invoices**

The manager keeps all records and registers, making out monthly invoices. No refund is given if a child does not attend the session, unless there are extreme circumstances which will be at the discretion of management committee.

## 4.14 Medical Condition Policy

### including Diabetes Type 1

Information from: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### Policy statement

#### Aim

Our pre-school is an inclusive community that welcomes and supports pupils with medical conditions. Our pre-school provides all children with any medical condition the same opportunities as others at pre-school.

We will help to make sure they can:

be healthy

stay safe

make a positive contribution

enjoy and achieve

be successful once they leave the setting.

The Lenches Pre-school makes sure all staff understand their duty of care to children and young people in the event of an emergency. This school will make sure all our staff feel confident in knowing what to do in an emergency. Our school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This pre-school understands the importance of medication and care being taken as directed by healthcare professionals and parents. All our staff understand the medical conditions that affect pupils at the pre-school. Staff receive training on the impact medical conditions can have on pupils.

With support all other staff and the Committee Group.

Our setting is an inclusive community that supports and welcomes pupils with medical conditions. No child will be denied admission or prevented from taking up a place in this pre-school because arrangements for their medical condition have not been made. Our pre-school will listen to the views of a child and parents. Children and parents should feel confident in the care we provide and that the level of that care meets their needs. Staff understand the medical conditions of the children and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. All staff understand their duty of care to children and young people and know what to do in an emergency. The whole pre-school and local health community understand

and support the medical conditions policy. TLPS understands that all children with the same medical condition will not have the same needs.

Our pre-school's medical conditions policy has been created with input from different groups. A child, parents, school nurses, pre-school staff, the Committee, and relevant local health services should all be asked to contribute.

The medical conditions policy is supported by a clear communication plan for staff, parents and others to make sure it's carried out fully. Children, parents and relevant local healthcare staff are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at our pre-school. All staff, including temporary or supply staff, are aware of the medical conditions at TLPS and understand their duty of care to pupils in an emergency. All staff receive training in what to do in an emergency and this is refreshed at least once a year. All children with a medical condition at TLPS have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing it within emergency care settings.

All staff understand and are trained in the pre-school's general emergency procedures. All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly. If a child needs to attend hospital, a member of staff (preferably known to the child) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take child to hospital in their own car.

TLPS has clear guidance on providing care and support and administering medication. We understand the importance of medication being taken and care received as detailed in the pupil's IHP.

TLPS will make sure that there are several members of staff who've been trained to administer the medication and meet the care needs of an individual child. TLPS will make sure there are enough staff trained to cover any absences, staff turnover and other circumstances. TLPS Committee Group has made sure that there is the appropriate level of insurance and liability cover in place.

TLPS will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent. Every effort will be made to encourage the child to involve their parents, while respecting their confidentiality. When giving medication, for example pain relief, we will check the maximum dosage and when the previous dose was given. Parents will be informed. We will not give a child under 16 aspirin unless prescribed by a doctor. We will make sure that a trained member of staff is available to accompany a child with a medical condition on an off-site visit. Parents at TLPS understand that they should let the us know immediately if their child's needs change.

TLPS has clear guidance on the storage of medication and equipment at premises. TLPS makes sure that all staff understand what an emergency is for an individual child and makes sure that emergency medication or equipment is easily available wherever the child is in the setting or on off-site activities, and is not locked away. Children may carry their emergency medication with them if they wish/ need to and if it's appropriate. Children may carry their own medication and equipment, or they should know exactly where to get it from. Children can carry controlled drugs if they're able to look after them properly. If not, the pre-school will store them securely

but accessibly. Only named staff should have access to them. Only specially trained staff can give a controlled drug to a pupil.

Our pre-school will make sure that all medication is stored safely, and that child with medical conditions know where it's stored and have immediate access to it at all times. The pre-school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which must still be in date, but will generally be supplied in an insulin injector pen or a pump. Parents are asked to collect all medications and equipment at the end of the pre-school term, and to provide new and in-date medication at the start of each term.

TLPS disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at pre-school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

TLPS has clear guidance about record keeping.

Parents at TLPS are asked if their child has any medical conditions on the enrolment form. We use an IHP to record the support an individual child's needs around their medical condition. The IHP is developed with the child (where appropriate), parent, pre-school staff, specialist nurse (where appropriate) and relevant healthcare services. IHPs are regularly reviewed, at least every year or whenever the child's needs change. The child (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other pre-school staff are made aware of and have access to the IHP for the pupils in their care.

TLPS makes sure that the pupil's confidentiality is protected. We seek permission from parents before sharing any medical information with any other party.

TLPS keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

TLP makes sure that all staff providing support to a child have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the child's IHP. This should be provided by the specialist nurse, school nurse or other suitably qualified healthcare professional or the parent. The specialist nurse, school nurse or other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

Our setting makes sure the whole pre-school environment is welcoming and suitable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. TLPS is committed to providing a physical environment accessible to pupils with medical conditions and children are asked about what will help make the pre-school accessible to them. TLPS makes sure the needs of children with medical conditions are adequately considered so they can take part in structured and unstructured activities, extended pre-school activities and visits.

TLPS will refer children with medical conditions to the pre-school's Special Educational Needs and Disability Coordinator or equivalent who will liaise with the child (where appropriate), parent and the child's healthcare professional.

Children at our pre-school learn what to do in an emergency. TLPS makes sure that a risk assessment is carried out before any out-of-setting visit. The needs of children with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

TLPS is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The pre-school is actively working towards reducing or eliminating these health and safety risks. Staff have been given training and written information on medical conditions which includes avoiding or at least reducing exposure to common triggers. The IHP details an individual child's triggers and details how to make sure the child remains safe throughout the whole pre-school day. Risk assessments are carried out on all activities, taking into account the needs of child's with medical needs.

TLPS will review all medical emergencies and incidents to see how they could have been avoided, and changes pre-school policy according to these reviews.

Each member of the pre-school and health community knows their roles and responsibilities in maintaining and carrying out an effective medical conditions policy. This pre-school works in partnership with all relevant parties including the child (where appropriate), parent, the Committee group, all staff and healthcare professionals to make sure that the policy is planned, carried out and maintained successfully.

The roles and responsibilities for all relevant parties can be found at [www.diabetes.org.uk/schools](http://www.diabetes.org.uk/schools)

The medical conditions policy is regularly reviewed, evaluated and updated.

Updates are produced every year. In evaluating the policy, TLPS seeks feedback from a child, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, pre-school staff, local emergency care services.

#### HELPLINE

Call the Diabetes UK Helpline on 0345 123 2399\* Monday–Friday 9am–6pm or email [helpline@diabetes.org.uk](mailto:helpline@diabetes.org.uk)

## 4.15 Food Allergies and Intolerances

Working in conjunction with the Early Years Foundation Stage Statutory Framework (EYFS).

Allergy and intolerance to foods are significant health issues in the UK. Around 1-2% of adults and 5-8% of children in the UK have a food allergy, with up to 1 in 55 children having a peanut allergy. An estimated 1 in 100 people have coeliac disease, an autoimmune response to gluten proteins found in a number of cereals. In addition, some people need to avoid certain foods because of a food intolerance. There are up to ten recognised deaths from food allergies in the UK every year.

It is a legal requirement to inform customers (our parents/families and children) of any allergenic ingredients in any food or drink that we supply. It will no longer be adequate to merely say that foods 'may contain' allergens or be none specific about the allergenic ingredients in the food/drink we serve.

Parents must inform the setting of any allergies and or food intolerances.

We communicate allergen information to parents/carers via newsletters/parent packs.

### Allergen

An allergen is a substance that reacts with the body's immune system and causes an allergic reaction, for example nuts.

### Allergy

Food allergy is an abnormal response to a food triggered by a body's immune system. There are several types of immune responses to food. The response may be mild, or in rare cases it can be associated with the severe and life-threatening reaction called anaphylaxis. When someone has an allergy, they can have many different physical reactions when they are exposed to allergens. The type of reaction and the severity of it depends on the individual and the severity of their allergy. Very small amounts of some allergens, such as nuts, can cause severe adverse reactions including potentially fatal anaphylactic shock.

### Food Intolerance

Food intolerance is not so clear cut and although not life threatening, it can and often does, make the sufferer feel extremely unwell and can have a major impact on working and social life. Symptoms can affect different people in different ways but usually last for many hours or days depending on the symptoms.

There are 14 major allergens which need to be declared when used as ingredients. The following list tells you what these allergens are and provides some examples of foods where they may be found:

### Celery

This includes celery stalks, leaves and seeds and celeriac. It is often found in celery salt, salads, some meat products, soups and stock cubes.

#### Cereals (containing gluten)

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.

#### Crustaceans

This includes crabs, lobster, prawns and scampi. It is often found in shrimp paste used in Thai curries or salads.

#### Eggs

This is often found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and foods brushed or glazed with egg.

#### Fish

This is often found in some fish sauces, pizzas, relishes, salad dressings, stock cubes and in Worcestershire sauce.

#### Lupin

This includes lupin seeds and flour and can be found in some types of bread, pastries and pasta.

#### Milk

This is found in butter, cheese, cream, milk powders and yoghurt. It is often used in foods glazed with milk, powdered soups and sauces.

#### Molluscs

This includes mussels, land snails, squid and whelks. It is often found in oyster sauce or as an ingredient in fish stews.

#### Mustard

This includes liquid mustard, mustard powder and mustard seeds. It is often found in breads, curries, marinades, meat products, salad dressing, sauces and soups.

#### Nuts

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.

## Peanuts

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. Sesame seeds This can be found in bread, breadsticks, houmous, sesame oil and tahini (sesame paste).

## Soya

This can be found in beancurd, 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.

## Sulphur Dioxide

This is often used as a preservative in dried fruit, meat products, soft drinks and vegetables as well as in wine and beer. There are a few exceptions where an allergenic ingredient does not have to be declared e.g. wine and wine fining agents derived from egg and milk and found at a limit of detection 0.25mg per litre.

## Cross-contamination

Sometimes traces of allergens can get into products unintentionally during the manufacturing process or during transport or storage. This is called 'cross-contamination'. Ideally, you should prevent this from happening but in some circumstances, this may not be possible. Use allergen labelling, for example 'may contain' type statements.

## Precautionary allergen labelling

If you think there is a real risk of a food product being affected by cross-contamination with an allergen label, use one of these phrases: - 'May contain X', 'Not suitable for someone with X allergy'

**IMPORTANT:** Precautionary allergen labelling should only be used following a thorough risk assessment when you think there is a real risk of allergen cross-contamination that cannot be eliminated.

Our setting manager and deputy manager have overall management responsibility for allergens. All staff are responsible for food safety.

All staff attend level 2 food hygiene training, there is always a trained member of staff on duty during opening hours.

We have a risk assessment in place. Display notices to remind staff and parents of allergens. We communicate the risk between parents and members of staff. Staff are warned of the effect of providing the wrong information or serving food containing an ingredient that a child is allergic to (via displayed allergies list).

Kitchen procedures are in place to prevent cross-contamination during storage and preparation of food (including the labelling of food, the cleaning of equipment and hands and the wearing of protective clothing).

We identify children with food allergies during induction and application times (see forms). Staff should not just remove the 'offending' allergen from a prepared snack, because traces of the allergen will remain which could cause a reaction.

All records regarding food allergens are updated as required. All foods are checked for allergenic ingredients in new or replacement ingredients, for example a delivery checklist. Staff must ensure foods containing no allergenic ingredients are sufficiently separated from food containing allergenic ingredient and, in a way, to prevent any falling food contaminating it.

All food should be labelled in English.

Foods served at all snack times are recorded correctly. We colour code kitchen tools for allergenic ingredients, using separate equipment utensils, storage and separate preparation area. Sterilising tablets are used to clean all spillages.

All foods - Check ingredient labelling for allergenic ingredients.

All staff ensure adequate hand-washing.

Recognise the allergenic ingredients are a potential food hazard that must be effectively managed and controlled. The key measure is to ensure clear and appropriate communication of allergen hazards to parents.

Staff must ensure that when preparing food, they make sure they know what is in the ingredients you are using.

Be careful of cross contamination - boards, utensils, serving spoons, woks etc. Staff must thoroughly clean work surfaces and equipment, and wash hands before making food for someone with an allergy.

We provide information if any of the regulated 14 allergenic ingredients are used in the preparation of foods we supply.

#### Parent responsibility

Parents/carers must play their part and ensure the let us know any information regarding their child's dietary needs and ensure this is updated as required.

Staff must not provide the wrong information through verbal communication.

We ensure allergen information is correct and up to date.

To ensure that consistent allergen information is provided staff direct queries to a nominated person(s) (Natalie Waters and Abi Coupe ).

We understand the dangers to those with severe allergies. Parents can speak to a member of staff who may be able to help make an alternative.

More information and resources.

Food Standards Agency website: [www.food.gov.uk/allergy](http://www.food.gov.uk/allergy)

The Food Information Regulations 2014: [www.legislation.gov.uk/uksi/2014/1855/contents/made](http://www.legislation.gov.uk/uksi/2014/1855/contents/made)

You can find out more about foods that are prepacked in the FSA leaflet:

[www.food.gov.uk/multimedia/pdfs/publication/allergy-labelling-prepacked.pdf](http://www.food.gov.uk/multimedia/pdfs/publication/allergy-labelling-prepacked.pdf)

You can find out more about non-packaged (loose) foods in the FSA leaflet:

[www.food.gov.uk/multimedia/pdfs/publication/loosefoodsleaflet.pdf](http://www.food.gov.uk/multimedia/pdfs/publication/loosefoodsleaflet.pdf)

For information on the EU Food Information to Consumers regulation 1169/2011 visit:

[ec.europa.eu/food/food/labellingnutrition/foodlabelling/proposed\\_legislation\\_en.htm](http://ec.europa.eu/food/food/labellingnutrition/foodlabelling/proposed_legislation_en.htm)

Free online allergen training can be obtained on: [allergytraining.food.gov.uk](http://allergytraining.food.gov.uk) DEFRA – The Food Information Regulations

Guide to compliance: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/82663/consult-fic-guidance-20121116.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/82663/consult-fic-guidance-20121116.pdf) FSA

Food allergen labelling and information requirements under the EU food Information for consumers:

[www.food.gov.uk/multimedia/pdfs/guidance/allergen-labelling-technical-guidance.pdf](http://www.food.gov.uk/multimedia/pdfs/guidance/allergen-labelling-technical-guidance.pdf) FSA

Advice on Food Allergen labelling: [www.food.gov.uk/multimedia/pdfs/publication/allergy-leaflet.pdf](http://www.food.gov.uk/multimedia/pdfs/publication/allergy-leaflet.pdf) FSA

Gluten-free Claims advice [www.food.gov.uk/sites/default/files/multimedia/pdfs/glutenfactsheet.pdf](http://www.food.gov.uk/sites/default/files/multimedia/pdfs/glutenfactsheet.pdf)

For information on gluten, visit the Coeliac UK website: [www.coeliac.org.uk](http://www.coeliac.org.uk)

[www.food.gov.uk/multimedia/pdfs/publication/thinkallergy.pdf](http://www.food.gov.uk/multimedia/pdfs/publication/thinkallergy.pdf)

## 4.16 Food Play Policy

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At The Lenches Pre-School we have adopted this messy food play policy to reflect our commitment to ensuring that all the children in our care have quality play opportunities which are safe.

Our aim is to ensure that 'food for messy play' activities are age appropriate and are linked to the Early Years Foundation Stage which actively promotes children's creative and sensory development.

The tactile experiences gained during these activities help children experience a variety of textures. Using 'food for messy play', children can learn to explore and experiment using all their senses. They can feel, smell, pour and mix to see what happens next, having fun while they learn whilst developing their gross and fine motor skills.

We always check for allergies and dietary requirements before engaging in the activities using food. All activities are supervised to ensure the children's health and welfare is our top priority at all times. Utensils and other equipment used during these activities are regularly cleaned and the children are encouraged not to eat the 'play' food or put play equipment into their mouths, although sometimes this is unavoidable.

### PROCEDURE

This procedure is for staff and covers ANY activity that children take part in which contains ANY food (includes Pre-school made play dough).

- Only food supplied by the pre-school can be used for 'messy food' activities. This is because the 'food' supplied has been risk assessed and is age related. The food is stored in the kitchen only.
- Plan 'messy' food activities after taking into account children with food allergies. The allergies board can be found in the kitchen.
- Check all 'food for messy play' prior to use to make sure it is not out of date.
- Staff will liaise with each other when carrying out weekly planning using 'food for messy play' in order to share the activity where possible to cut down on food wastage.
- Small group activities using food have more effect and must be supervised.
- Keep the food with the activity and not around the room.
- Food used for messy play should be presented in ways that make the food appear differently to the way it would be presented for eating, e.g. in trays (small and large), with added food colouring, raw or dried when normally eaten cooked etc.

- Food should only be used in 'messy play' when something significant is planned for specific areas and to support children's learning and development.
- Children should be discouraged from eating 'play food' along with putting any equipment used into their mouths.
- Food should be disposed of in the kitchen bin.
- Dried food should be inspected for possible reuse. Dried food that can be reused should be stored in a container labelled with the original expiry date on the packet, the date the food was stored and the contents. This should then be returned to the 'play food' cupboard for future use.

The following foods could be used for 'messy' play activities:

- Oats • Rice crispies • Custard • Dyed cooked pasta • Jelly • Canned peas • Instant mashed potato • Baked beans • Play dough • Cloud dough • Pulses • Dried pasta • Ice - Care must be taken with the size so as not to be a choking hazard • Raw root vegetables • Cornflour • Cereal

## 4.17 Healthy Eating Policy

It has come to our attention that some children are not visiting the rolling snack in the morning, it is crucial that we all drink a certain amount during the day in order to stay healthy and we are concerned that some children are not drinking anything until lunchtime. With this in mind we are going to insist that children visit the snack table for at least a drink, however we will not force them to eat if they choose not to.

Government packed lunch advice The School Food Trust has produced packed lunch guidance to support the implementation of the new school food standards for school lunches and ensure that all children benefit from eating quality food during the school day.

- One portion of fruit and one portion of vegetable or salad every day to be included in packed lunches
- Meat, fish or another source of non-dairy protein should be included every day. Non-dairy sources of protein include lentils, tofu, quorn, kidney beans, chickpeas, hummus and falafel
- An oily fish, such as salmon, should be included at least once every three weeks.
- A starchy food, such as bread or pasta, rice, couscous, noodles, potatoes or other cereals, should be included every day
- A dairy food, such as semi-skimmed or skimmed milk, cheese, yoghurt, fromage frais or custard should be included every day
- Include only water, still or sparkling, fruit juice, semi-skimmed or skimmed milk, yoghurt or milk drinks and smoothies
- Snacks such as crisps should not be included. Instead, include vegetables and fruit (with no added salt, sugar or fat). Savoury crackers or breadsticks served with fruit, vegetables or dairy food are also a good choice
- Confectionery such as chocolate bars, chocolate-coated biscuits, sweets and fizzy drinks should not be included. Cakes and biscuits are allowed but these should be part of a balanced meal, not containing chocolate.
- Meat products such as sausage rolls, individual pies corned meat and sausages / chipolatas should be included only occasionally.

We do not allow nuts and peanut butter in case of nut allergies. If you suspect your child has any allergy it would help us if you could provide confirmation/information from a Doctor so we know how best to deal with this.