

Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills

At least one person who has a current paediatric first aid certificate is on the premises at all times when children are present, and must accompany children on outings.

Health

The provider must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment.

3.2 First aid

Policy statement

In our setting, staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with a current first aid certificate is on the premises, or on an outing at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children. The Forest School Leader has the correct training specific for forest school.

Procedures

The first aid kit

Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains adequate and appropriate supplies as stated in the first aid kit.

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- No un-prescribed medication is given to children, parents or staff.
- At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.
- Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Legal framework

- Health and Safety (First Aid) Regulations (1981)

Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2009)
- Basic Advice on First Aid at Work (HSE Revised 2008)
- Guidance on First Aid for Schools (DfEE)

This policy was adopted at a meeting of	_____	<i>(name of provider)</i>
Held on	_____	<i>(date)</i>
Date to be reviewed	_____	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	_____	
Role of signatory (e.g. chair, director or owner)	_____	

Other useful Early Years Alliance publications

- Medication Record (2010)

Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

6.1 Administering medicines

Policy statement

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

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

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

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

We believe that children with long-term medical needs have the same rights of admission to the setting as other children. We will work with staff, parents, child and relevant healthcare professionals to enable this to happen whilst ensuring the safety of staff and children and recognising that there may be circumstances in which this is unable to occur e.g. with complex medical procedures.

Aim

- To enable children with long-term medical needs to access the provision.
- To minimise the need to administer medicines for short-term medical needs.
- To be clear on the responsibilities of parents, management and staff.
- To provide a safe and robust procedure for staff to follow.

Procedures

- Medicines will only be administered when it is essential.
- Medicines must be provided in the original container as dispensed by the pharmacist and include the child's name and the prescriber's instructions of administration.
- Staff will not accept medication that has been taken out of the container or make changes to dosages or times on parental instructions.

Non-prescription Medicines

- We will generally not administer non-prescription medicines to children.
- Parent/carers will need to discuss individual circumstances with the preschool manager or deputy.
- We will never administer non-prescription medication that contains aspirin.

Long-term Medical Needs

Some children may have long-term medical needs and may require medicines on a long-term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis. It is important to have sufficient information about the medical condition of any child with long-term medical needs. Parents will need to meet with the lead practitioner/deputy in advance and discuss the issues involved. The preschool team will follow the Long-term needs and Emergency Medication Procedure. We will aim to meet the need of dependent staff training, supervision needs, staff confidence and insurance cover.

Emergency Medical Needs

Some children may require medicines in particular circumstances, eg. Buccal Midazolam for epilepsy, inhalers for severe asthma and EpiPen or equivalent for severe allergic reactions.

- Parents will need to meet with the lead practitioner/deputy and discuss the issues involved.
- We will aim to meet the need dependant on staff training, supervisions needs, staff confidence and insurance cover.
- A Medication Care Plan will be completed.
- The preschool team will follow the long-term needs and emergency medication procedure.

Registration

If the parent identifies on the registration form that the child has a medical need, the lead practitioner will ask for further and more detailed information on the medication consent form and follow the procedure relating to the emergency medication as necessary. The lead will share this information with the preschool team as appropriate. Parents are responsible for informing the preschool of any changes in medication.

Training

- Staff may need training before administering certain types of medication e.g. inhalers, EpiPen, buccal midazolam.
- We will seek advice from our insurers and registration body before agreeing we are able to administer certain types of medication.
- Training could be in the form of relevant books, videos and/or accessing external training.

- External training from a qualified health professional must be accessed for staff before undertaking any complex or intrusive procedures or ones which require technical or medical knowledge.

Recording

- The parent will complete a consent form detailing the medication or complete a Medication Care Plan as necessary.
- The lead practitioner/key worker are responsible for checking these forms and they are completed prior to the child attending the setting.
- The lead practitioner or deputy will keep a full record of medicines administered using the Medical Consent and Administration Forms. The forms will include – name of child, medication, dosage, date, time, name of staff team administering/supervising, name of witness as appropriate and the signature of the parent/carer at the end of the session.
- The lead practitioner or nominated staff member will take responsibility for administering and recording.
- A child will not be able to attend the provision if the relevant forms are not completed.
- Records of any training accessed by individuals or all staff members will be retained in the setting.

Administration

- There is no legal duty for staff to administer medication.
- Staff may volunteer or it may be part of their contract of employment.
- The Busy Bees team will follow the administration of medication procedure.
- A member of the team will administer medication in a tactful and sensitive manner.
- Staff will not administer medication if the consent form and Medication Care Plan, as necessary, are incomplete or if they feel unclear about the procedure.
- Staff will respect a child's refusal to take their medication.

Confidentiality

- All records relating to the medical needs of a child and the administration of medication will be stored confidentially within the setting.
- Information will be shared with the team and when necessary, with the committee.

Law

- We recognise that we do not have a legal responsibility to administer medication.
- We recognise we do have a responsibility under the Disability Discrimination Act 2001 to not treat a child less favourably because of their medical needs.

Responsibilities

Committee

- To ensure a safe and clear policy and procedure are in place.
- To liaise with our insurers, follow any recommendations and ensure that all the staff follow procedures so that they will be covered if there is a complaint.

- To arrange, with the lead practitioner, who should administer medicines within the setting either on a voluntary basis or as part of a contract of employment.
- To provide appropriate training for staff.
- To assess the risks to the health and safety of staff and others and to put measures in place to manage any identified risks.
- To support the lead practitioner in fulfilling their responsibilities.
- To make the final decision about whether a child is able to access the setting.

Parents/carers

- To provide information about their child's medical condition and work jointly and openly with us to reach an agreement on the setting's role in supporting their child's needs.
- To discuss with the prescriber whether dose time can be altered so it is outside the hours of the setting.
- To provide medication in original, labelled containers.
- To complete consent form and individual care plan as appropriate.
- To obtain details from GP or prescribing specialist as requested.
- To inform staff of any changes to medication.

Lead practitioner/Deputy

- To liaise openly with parents/carers, Busy Bees staff and management.
- Ensure all parents and staff are aware of the policy and procedures.
- Ensure staff and themselves put policy into practice and follow documented procedures.
- To be aware of any side effects of the medication.
- To feedback any concerns to parents/carers and the registered person.

Staff

- To work to the documented procedure when they have agreed to administer medication.
- To discuss any concerns with the lead practitioner and decline to give medication if they are unsure of any procedure.
- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
- Non-prescribed medication such as pain relief or fever (ie Calpol) and teething gel, may be administered but only with prior written consent of the parent/carer and only when there is a health reason to do so, such as a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children under the age of 16 are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.
- The administering of unprescribed medication is recorded in the same way as any other medication.
- During a pandemic such as Coronavirus, no unprescribed medication will be accepted from the child's home or administered by staff as this may obscure possible symptoms (Ref: Covid-19).

*Insert details here of who receives the child's medication and asks the parent to complete a consent form.
State how staff will be aware of this.*

The child's key person, if possible, will take responsibility of this as stated in their induction process.

- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:
 - name of the child;
 - name and strength of the medication;
 - date and time of the dose;
 - dose given and method;
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly,
 - parent's signature.
- We use a Medication Administration Record book for recording the administration of medicine.
- If the administration of the prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, eg 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.
- We monitor the medication record book to look at the frequency of medication given in the setting, e.g. a high incidence of antibiotics being prescribed for several children at similar times that may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Insert details here of how and where medicines are stored in your setting. State how staff are informed of this.

Medicines will be placed into the medicine box prior to being locked away and medicines which need refrigeration will be placed in the fridge. Both of these are in the kitchen.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

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/childminder/assistant who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents/carer.
- 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 and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- Medication Administration Record (2015)
- Daily Register and Outings Record (2015)

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Role of signatory (e.g. chair, director or owner)	<hr/>	

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

6.2 Managing children who are sick, infectious, or with allergies

(Including reporting notifiable diseases)

Policy statement

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

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.
- During a Pandemic, if any child or adult is showing symptoms of the illness they will be taken to a safe area, preferably outside weather permitting or alternatively into a designated isolation area. 1 member of staff (wearing PPE) will stay with the child until they are collected by their parent or another known carer. The lead practitioner/deputy will contact the child's parent/carers requesting immediate collection. The child will not be permitted to return to the setting until they have had the relevant test done. If the child tests positive, the household must follow the most up to date government guidance and parents/carers must immediately contact the setting so that the 'track and trace' (if relevant) procedure can be put in place. Nobody else in the setting needs to isolate if the test is negative.
- For further information and guidance see the Covid-19 policy.

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 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/sluicing clothing after changing.
- Soiled clothing is double bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution or cleaning crystals and mops; any cloths used are bagged and disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children do not share tooth brushes, which are also soaked weekly in sterilising solution.

Nits and head lice

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

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

Insurance requirements for children with allergies and disabilities

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

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005).

Oral medication

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

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The provider must have:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing staff to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three documents relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

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

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

- Copies of all letters relating to these children must first be sent to the Early Years Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

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

Further guidance

- Good Practice in Early Years Infection Control (2009)
- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of _____ *(name of provider)*

Held on _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

Safeguarding and Welfare Requirement: Health

Providers must keep a written record of accidents or injuries and first aid treatment.

6.3 Recording and reporting of accidents and incidents

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

Policy statement

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

Procedures

Our accident book:

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

Reporting accidents and incidents

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

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

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

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

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

- any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
- any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;
- when a member of staff suffers from a reportable work-related disease or illness;
- any death, of a child or adult, that occurs in connection with activities relating to our work; and

- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

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

Our incident book

- We have ready access to telephone numbers for emergency services, including the local police. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or the setting's property;
 - an intruder gaining unauthorised access to the premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on member of staff or parent on the premises or nearby;
 - any racist incident involving staff or family on the setting's premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
 - the death of a child or adult, and
 - a terrorist attack, or threat of one.
- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Legal framework

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

Further guidance

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

Other useful Early Years Alliance publications

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

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Safeguarding and Welfare Requirement: Health

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

6.4 Nappy changing

Policy statement

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

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

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

Procedures

- Children from two years should normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and their parents agree.
- Key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Changing areas are warm with safe areas to lay children. The disabled toilet is used with the door left open. The changing mat is placed on the floor well within the toilet area.
- Each child has their own bag to hand with their nappies or pull ups and changing wipes.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Key persons are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.

- Key persons do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull ups are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is double bagged and sent home. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and double bagged for the parent to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.
- Any nappy changes are logged in the diary.
- During Forest School sessions, a pop-up tent is provided for nappy changing. This provides shelter from the weather and some privacy from the other children. The tent is erected within view of other members of staff.

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Held on _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider

Name of signatory

Role of signatory (e.g. chair, director or owner)

Safeguarding and Welfare Requirement: Health

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

6.5 Food and drink

Policy statement

Our provision regards snack and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the Early Years Alliance. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

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

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- 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. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi-skimmed milk from the age of two years

Cooking

When cooking with the children we ensure there are suitable facilities for hygienic preparation. We ensure there is at least one member of staff with a food hygiene certificate and that any outside catering companies share their food and hygiene certificate with a member of staff.

Packed lunches

Where we cannot provide cooked meals and children are required to bring packed lunches, we:

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or milk;
- 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;
- provide children bringing packed lunches with plates, cups and cutlery; and
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further guidance

- Safer Food, Better Business (Food Standards Agency 2011)

Other useful Early Years Alliance publications

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

This policy was adopted at a meeting of _____ *(name of provider)*

Held on _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____

Safeguarding and Welfare Requirement: Health

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

6.6 Food hygiene

(Including the procedure for reporting food poisoning)

Policy statement

We provide and/or serve food for children on the following basis (delete which does not apply):

- Snacks.
- Packed lunches.

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

Procedures

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in
- Safer Food, Better Business (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of Safer Food, Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business.)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is sent home.
- 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 to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

Further guidance

- Safer Food Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of	_____	name of setting
Held on	_____	(date)
Date to be reviewed	_____	(date)
Signed on behalf of the management committee	_____	
Name of signatory	_____	
Role of signatory (e.g. chair/owner)	_____	

Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment

Providers must take reasonable steps to ensure the safety of children, staff and others on the premises.

Health

The provider must promote the good health of children attending the setting.

8.1 Health and safety general standards

Policy statement

We believe that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is

Debbie Markwick (team leader)

- She is competent to carry out these responsibilities
- She has undertaken health and safety training and regularly updates her knowledge and understanding.
- We display the necessary health and safety policy in

The kitchen

Insurance cover

We have public liability insurance and employers liability insurance. The certificate for public liability insurance is in

The policy folder

Procedures

Awareness raising

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee wellbeing, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings.
- We operate a no smoking policy

- We make children aware of health and safety issues through discussions, planned activities and routines

Windows

- Low level windows are made from materials that prevent accidental breakage or we ensure they are made safe
- We ensure that windows are protected from accidental breakage or vandalism from people outside the building
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

Doors

- We take precaution to prevent childrens fingers from being trapped in doors

Floors and walkways

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways are left clear and uncluttered.

Electrical equipment

- We ensure that all electrical equipment conforms to all safety requirements and is checked regularly.
- Our electrical cupboard is not accessible to the children
- Fires, heaters, electric sockets, wires and leads are properly guarded and we teach the children not to touch them.
- There are sufficient sockets in our setting to prevent overloading
- We switch electrical devices off from the plug after use
- We ensure the children understand the rules when using hot water.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas

Storage

- All our resources and materials, which are used by the children, are stored safely
- All our equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing

Outdoor area

- Our outdoor area is securely fenced. All gates and fences are child proof and safe.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- Our water areas are supervised at all times.
- Our outdoor sandpit is covered when not in use and is cleaned regularly
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sun cream is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

Hygiene

- We seek information from the Public Health England to ensure that we keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene
- We have a daily cleaning routine for the setting which includes the kitchen, toilets, main hall and nappy changing areas. Children do not have unsupervised access to the kitchen.
- We have a schedule for cleaning resources and equipment, dressing up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities.
- We implement good hygiene practices by:
 - Cleaning tables between activities;
 - Cleaning and checking toilets regularly;
 - Wearing protective clothing such as disposable gloves where appropriate;
 - Providing sets of clean clothes;
 - Providing tissues and wipes.

Activities, resources and repairs

- Before purchase or loan, we check equipment and resources to ensure they are safe for the ages and stages of the children currently attending the setting
- We keep a full inventory of all items in the setting for audit and insurance purposes
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded
- All our materials, including paints and glue, are non toxic
- We ensure that sand is clean and suitable for childrens play
- Physical play is constantly supervised.
- We teach children to handle and store tools safely
- We check children who are sleeping regularly
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

Jewellery and accessories

- Our staff do not wear jewellery or fashion accessories such as high heels that may pose a danger to themselves or children
- Parents must ensure that any jewellery worn by children poses no danger particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation

Safety of adults

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment
- We provide safe equipment for adults to use when they need to reach up to store equipment.
- We ensure that all warning signs are clear and in appropriate languages

- We ensure that adults do not remain in the building on their own
- We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

Control of substances hazardous to health

- Our staff implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH)
- We keep a record of all substances that may be hazardous to health such as cleaning chemicals, or gardening chemicals, if used, and where they are stored.
- Hazardous substances are stored safely away from the children
- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained. We do not use:
 - Bleach
 - Antibacterial soap/hand wash, unless specifically advised during an infection outbreak such as Pandemic flu; or
 - Antibacterial cleaning agents, except in the toilets, nappy changing area and food preparation areas.
 - Antibacterial sprays are not used when children are near by
- Environmental factors are taken into account when purchasing, using and disposing of chemicals
- All members of staff are vigilant and use chemicals safely
- Members of staff use protective gloves when using cleaning chemicals

Legal framework

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992 (As amended 2004))
- Health and Safety (Display Screen Equipment) Regulations (1992)

Further Guidance

- Health and Safety Law: What you Need To Know (HSE Revised 2009)
- Health and Safety Regulation: A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health: What you Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips With Manual Handling: Frequently Asked Questions: A Short Guide (HSE 2011)

This policy was adopted at a meeting of

(name of provider)

Held on

(date)

Date to be reviewed	<div></div> <div>(date)</div>
Signed on behalf of the provider	<div></div>
Name of signatory	<div></div>
Role of signatory (e.g. chair, director or owner)	<div></div> <div></div>

Substance Misuse Policy (Ref Covid 19)

Introduction

We are committed to providing a safe, healthy and productive working environment for all staff, children and visitors. This policy sets out our aims in reducing and managing alcohol and drug problems in the workplace. Alcohol and drug problems are associated with a wide variety of costs for employers and employees. These costs include ill health sickness absence, reduced work performance, and accidents. Consumption of drugs and alcohol (including prescription and over the counter drugs) or intoxication during working hours implicates the health and safety of the individual and others, since these substances impair coordination, judgement and decision making. Irresponsible behaviour resulting from the misuse of drugs and/or alcohol may damage our reputation and/or business, and as such, is a policy matter.

Objectives

- To state our position on alcohol and drugs within the workplace.
- To ensure we comply with appropriate legislation.
- To minimise the creation of risks caused by or associated with alcohol and drugs at work.
- To have clear rules regarding substance misuse in the workplace.
- To provide employees with training on the adverse health effects of alcohol and drugs.
- To encourage the early identification of substance misuse.
- To support employees experiencing alcohol and drug problems.
- To provide sufficient training and support to managers and committee to make sure they feel able to support employees experiencing problems.

Definitions

Alcohol abuse – we define this as any drinking, either intermittent or continual, which interferes with health and/or social functioning and/or work capability or conduct.

Drug – we define this as illegal, prescribed and over the counter medicines and solvents. In the case of prescribed and over the counter drugs, we recognise that their possession and use by the employee is legitimate.

Drug abuse – we define this as the use of illegal drugs, the deliberate misuse of prescribed or over the counter drugs, and the use of solvents, either intermittent or continuous, which interfere with health and/or social functioning and/or work capability or conduct.

Legislation

Under the Health and Safety at Work Act 1974, we recognise the duty to protect the health, safety, and welfare of employees and others who are (or may be) affected by their activities, as far as is reasonably practicable, and we are committed to taking measures to ensuring this safety. Under the Management of Health and Safety at Work Regulations 1999, we will carry out a risk assessment to identify workplace hazards and put measures in place to minimise these risks. Under the Misuse of Drugs Act 1971, it is illegal for anyone to produce, supply or be in the possession of illegal drugs. Employers may be liable if they knowingly allow an employee, or service user, to dispense, manufacture, possess, use or sell drugs on their premises.

Policy Rules

We require all employees to come to work free from the effects of alcohol and drugs. Working under the influence of alcohol or drugs, or consuming alcohol or drugs during hours of work, including paid and unpaid breaks, is unacceptable behaviour. Employees found in possession of illegal drugs or using illegal drugs while at work will normally be reported to the police. If the legitimate use of prescribed drugs is likely to affect job performance and safety, employees should inform their manager immediately.

Education

We are committed to promoting health and welfare at work. We will provide employees with information on safe and sensible drinking and the risks associated with drug use. We will disseminate this information via written materials and email communication. We are committed to providing suitable and sufficient training to help managers enforce this substance misuse policy and support employees with a problem. New managers will be made aware of their responsibilities in relation to this policy via the induction programme. New staff will be made aware of this policy during their induction.

Concerns regarding parents/carers

If Busy Bees staff have concerns regarding parents/carers being under the influence of drink and/or drugs, this will become a safeguarding issue and that policy and its procedures will be put in place.

Identifying a problem

Substance misuse may become apparent through a number of signs. The following list of signals (particularly in combination) could indicate an issue. This list is not exhaustive –

- Persistent short-term absence
- Frequent unauthorised absence
- Recurrent small accidents
- Poor time keeping
- Inconsistency in work performance
- A breakdown in working relations
- Paranoia/aggression
- Deterioration in physical appearances, such as dental problems, weight loss.

Substance misuse may become apparent through a number of signs. We encourage managerial staff to use all the information at their disposal and intellectual discretion to identify a potential problem. Colleagues may be the first to notice when an employee is misusing substances. If a member of staff suspects an alcohol or drug problem in a colleague, they should either:

- Encourage the person to seek help from support agencies
- Report the matter to a manager (particularly if the person is involved in a safety critical job)

Misconduct

Our policy is principally concerned with ongoing issues of substance misuse. We class these as 'capability issues' as the problem will primarily impact how the individual performs their job. In circumstances where an employee breaches the policy on an individual case, such as reporting for work drunk or under the influence of drugs, we will class this behaviour as a conduct issue and handle it via the normal disciplinary procedures. If an employee, for example is violent at work while under the influence of any substance or deals illicit substances at work or any other serious incident, we will consider this serious misconduct and are justified in summary dismissal. If an employee admits to having a substance misuse problem, the

disciplinary process may be held in abeyance. This will be subject to the successful outcome of treatment and improvement of performance/job capability. If the employee subsequently admits to a substance misuse problem following an instance of serious misconduct, we may carry out the support route and the disciplinary route in tandem.

Voluntary Referral

Employees who suspect or know they have a drug or alcohol problem are encouraged to seek support at an early stage. In such instances, we recognise that it is up to the discretion of individuals regarding informing their managers.

Referral by Management

Managers will offer support to employees who are suspected of having an alcohol or drug problem. If the problem has become apparent because of a decline in work performance, management will place the employee on a performance improvement plan where the employee will be required to demonstrate improvement and satisfactory completion of the support programme. If performance does not improve, disciplinary action will be taken. We will give employees the opportunity to attend treatment within work time. If an employee is absent, normal sick pay arrangements will apply.

Confidentiality

All appropriate staff must maintain confidentiality for any employee who is experiencing problems with drugs and alcohol.

Appropriate staff must not divulge information regarding individual cases to third parties. Information can only be divulged in cases where safety would be compromised by not doing so.

Relapse

We acknowledge that relapse is common with alcohol and drug problems, and in normal circumstances, we will support employees through two relapses after treatment. We will treat subsequent relapses on a case-by-case basis. Managers should make sure that employees are aware that disciplinary procedures may begin following subsequent relapses.

Return to work

After the successful completion of treatment, Busy Bees will try to make sure that the employee returns to their existing role/ however, if the employee is unable to fulfil their required duties, we will consider alternative duties. The completion of treatment will not affect promotional prospects, taking into account the needs of the setting. Managers should make sure that employees are aware that disciplinary procedures may begin following subsequent relapses.

Equal Opportunities

This policy applies equally to all staff regardless of level, experience or role within Busy Bees.

Further guidance

Employment Protection (Consolidation) Act 1998

This policy was adopted at a meeting of _____(name of provider)

Held on _____

Date to be reviewed _____

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory _____