



Health policy

Policy administration	
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04 Health policy

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014



Further guidance

Accident Record (Early Years Alliance 2019)

04.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: Lucy Tanswell

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition.

- Parents' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present, who regularly update their training; First Aid certificates are renewed at least every three years.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- All members of staff know the location of First Aid boxes, the contents of which are in line with Health and Safety guidelines, as follows:
 - guidance card
 - contents list
 - 40 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 6 safety pins
 - 2 large, individually wrapped, sterile, un-medicated wound dressings
 - 6 medium, individually wrapped, sterile, un-medicated wound dressings
 - a pair of disposable gloves
 - 1 roll adhesive tape
 - 1 plastic face shield
 - blue plasters (for staff handling food)
 - 20 alcohol-free wipes
 - 1 sterile finger dressing
 - 1 resuscitation face shield

- 1 Foil blanket
 - 1 burn dressing
 - 1 pair shears
 - 1 conforming bandage
 - 250ml eyewash
- No other item is stored in a First Aid box.
 - Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
 - Ice packs are kept in the kitchen fridge.
 - For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photo-copy of the accident form on request.
 - In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.10 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting supervisor arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using 6.1c Confidential safeguarding incident report form as soon as possible.

- The setting's line manager is consulted before a RIDDOR report is filed.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The trustees are notified by the setting supervisor of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the trustees, inform local child protection agencies of these events.

Further guidance

Accident Record (Early Years Alliance 2019)

04.2 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting supervisor must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person. The setting supervisor should be also be informed.

The setting supervisor or deputy welcomes the children into setting each day.

They will request the parent/carer to fill in the relevant paperwork and then pass this and the medicine along with any additional information to the child's key person.

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength

- who prescribed it
- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the milk kitchen fridge, or in a marked box in the main kitchen fridge.

All non-refrigerated medicine is kept in the office on the shelf next to the first aid and medicine administering file.

The supervisor /deputy to inform all staff of the location of the medicine.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

A record of medicines administered is kept in the setting supervisor's office.

A record of administering medicines is kept at the front of the first aid folder. All staff are informed of this during their induction and through regular staff updates. Including how they will be taught to complete them correctly.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose

- dose given and method
- signed by key person/setting supervisor
- verified by parent signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting supervisor and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- 04.2a Health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later 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 as above.

Staff taking medication

Staff taking medication must inform their supervisor. The medication must be stored securely in staff lockers or a secure area away from the children. The supervisor must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Further guidance Medication Administration Record (Early Years Alliance 2019)

04.3 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan (04.2a) in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another practitioner is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents allowing members of staff to administer medication.
- 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.
- a healthcare plan (04.2a).

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.

04.4 Allergies and food intolerance

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, 01.1a Generic risk assessment form is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen.
 - control measures, such as prevention from contact with the allergen
 - review measures.
- **04.2a Health care plan form** must be completed with:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents show staff how to administer medication in the event of an allergic reaction.
- No nuts or nut products are used within the setting as the whole site is a nut free school.
- Parents are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration

of the medication.

- The setting must have the parents' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

04.5 Poorly children

- If a child appears unwell during the day, for example, has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach, then the setting supervisor calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- Staff will contact parents via the telephone number in the child's file. A message will be left on the answering machine to notify parents that the setting is trying to contact the parent. This will be attempted 3 times. If no contact is made, staff will then contact the 1st emergency contact on file and will then ring subsequent emergency numbers until a designated person has been contacted.
- In the event of land lines being out of order, the setting has a mobile phone which should be used. This will be kept fully charged at all times (staff may need to move around the site until reception is obtained).
- In the unlikely event that both the setting landline and mobile are out of use, staff are asked to use their personal mobile phones (ensuring that they adjust settings to unidentified caller). They may also need to move around the site to obtain reception.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using an ear thermometer.
- In an emergency, an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.

- The setting has information about excludable diseases and exclusion times.
- The setting supervisor notifies the trustees if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting supervisor has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting supervisor or deputy calls NHS111 and informs parents.

HIV/AIDS 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 clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of immediately.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting 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, using current recommended treatments methods if they are found.

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

If a child requires paracetamol-based medicines, e.g Calpol for a cold, or general feelings of unwell, then they are asked not to attend setting for at least 24 hours. This is especially relevant during an outbreak or pandemic as paracetamol medicines can mask some or all of the known symptoms.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

Further guidance

Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)

Medication Administration Record (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)
https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

04.6 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- In partnership with parents, on attending the setting young children are introduced to an open free-flowing cup and are discouraged from using a bottle.
- Only water and milk are served with morning snacks and water at lunch.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.
- Parents are encouraged to brush their children's teeth as part of the daily routine. Teeth should not be cleaned for at least one hour after a meal as this can cause loss of enamel.
- Oral hygiene activities are included in planning.
- The setting co-ordinates with local oral health and ensure procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.
- Children's dentist details are required on their enrolment form.

Pacifiers/dummies

- Parents are informed that using dummies/pacifiers once their child is 12 months old is not advised by health professionals and should be discouraged.

Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers

www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

04.7 Music, movement and relaxation

It is recognised that, physical exercise and opportunities to rest are important to a child's physical and mental wellbeing. This is promoted in setting through daily music, movement and relaxation sessions, promoting relaxation of mind and body, as well as other benefits.

- Members of staff engage the children in age and stage appropriate dance routines.
- No child is forced to participate and is offered other alternative activities.
- Sessions are planned, organised and supervised so that they fit into the daily routine.
- Rooms are warm and draught free; noise is at a minimum; rest period is a good time.
- Children are encouraged to lie in a comfortable position, with their eyes closed if they choose, whilst calm instrumental music is played.
- Occasionally, children may fall asleep during this rest period, this is discussed with parents and children are left to sleep uninterrupted for the length of time decided in discussions between parents and the setting.