4 Health

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4.1 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 paediatric first aid (PFA) certificate must on the premises or on an outing at any one time. Newly qualified staff who achieved an early years qualification at level 2 or 3 on or after 30 June 2016 also have a paediatric first aid certificate in order to be counted in the adult:child ratios. The first aid qualification includes first aid training for infants and young children. We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

Procedures

The first aid kit

- Our first aid kit is accessible at all times, comes in a box that has a white cross on a green background, and contains the following items:
  - Triangular bandages x 4.
  - Sterile dressings:
    - Medium x 6
    - Large x 2
  - Composite pack containing 20 assorted (individually-wrapped) plasters x 1.

- Sterile eye pads (with bandage or attachment) x 2.
- Container of 6 safety pins x 1.
- First Aid guidance leaflet x 1.

- In addition to the first aid equipment, each box should be supplied with:
  - 2 pairs of disposable plastic (PVC or vinyl) gloves.
  - Moist wipes that do not contain antiseptic or alcohol
  - 1 pair of blunt round-ended scissors
  - 1 resuscitation faceshield
  - A cold pack is kept in the fridge.

- The first aid box is easily accessible to adults and is kept out of the reach of children.
- Information about who has completed first aid training and the location of the first aid box is provided to all staff and volunteers. A list of staff and volunteers who have current PFA certificates is made available to parents.
- There is a named person in the setting who is responsible for checking and replenishing the first aid box contents.
- Medication is only administered in line with our Administering Medicines policy.
- At the time of admission to the setting, parents' written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- 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.
- Accidents and injuries are recorded in our accident record log and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.

Legal framework

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

4.2 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, when they are recovering from an illness or in an emergency, whilst waiting to be collected from the setting. We ensure that where medicines are necessary to maintain health of the child, they are given correctly, in accordance with legal requirements, and where written permission for that particular medicine has been obtained from the child's parent/carer.

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 it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effects, as well as to give time for the medication to take effect.

The manager is responsible for the correct administration of medication to all children. 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 manager, the deputy is responsible for the overseeing of administering medication. Staff must have training if the administration of medicine requires medical or technical knowledge. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

Prescribed medication

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- A person with parental responsibility (PR) must give prior written permission for the administration of 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.

- 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, the date of prescription and original pharmacist's label if prescribed.
- 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.
- 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;
  - date of the prescription;
  - who prescribed it;
  - dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature and printed name of parent and date.

  All medication should be handed in to the setting manager, deputy or person left in charge, who will then inform the relevant key person/staff for administration purposes.

- The administration is recorded accurately each time it is given and is signed by the person administering the medication. Parents sign the record to acknowledge the administration of a medicine. The medication record records:
  - name of child;
  - name and strength of medication;
  - the date of the prescription;
  - the date and time of dose;
  - dose given and method; and is
  - signed by the person administering the medication and a witness who verifies that the medication has been given correctly; and
  - verified by parent signature at the end of the day.

- If the administration of 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 medication record.
- 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.

- The medication records are monitored to look at the frequency of medication given in the setting. 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.

Over-the-counter medication

- Upon joining the preschool, parents will be asked to sign a form to give permission to administer sugar free Calpol or Piriton syrup as deemed necessary by the Preschool manager or the Deputy.

Calpol

- Calpol will only be administered when a child has a high temperature or for mild pain relief. The amount of Calpol administered will relate to the amount stated on the packaging and according to the child's age.
- Calpol will only be administered to enable the child to remain comfortable whilst waiting to be collected by a parent or a known carer.
- The Preschool manager or deputy will always endeavour to contact a person with parental responsibility (PR) to obtain verbal consent prior to administering the Calpol, and to arrange for the collection of the child.
- When contacting the person with PR, the preschool manager will enquire whether the child has received any previous medication on that day as well as the dosage and times that the medication was received.
- If the Preschool manager is unable to contact a person with PR, no Calpol will be administered within the first 4 hours of a child being at the preschool.
- Please note, as per the label on the bottle, Calpol must not be given to a child for more than 3 days. Therefore if a child has been given Calpol on 3 consecutive days (including any days when the child in not at preschool) they will not be able to return to the preschool until they have been seen by a GP.
- Any doses of Calpol administered in the setting will be recorded accurately and will include the following information:
  - name of child;
  - the date and time of dose;
  - dose given and method; and is
  - signed by the person administering the medication and a witness who verifies that the medication has been given correctly; and
  - verified by parent signature at the end of the day.

Piriton

- Piriton syrup for children aged 1 and above may be administered in an emergency whilst your child is in the Preschool.

- Where possible, the Preschool manager will contact a person with PR to give verbal permission prior to the medicine being given.
- Once Piriton has been administered in the Preschool, staff will monitor the child and will contact parents accordingly.
- Any doses of Piriton administered in the setting will be recorded accurately and will include the following information:
  - name of child;
  - the date and time of dose;
  - dose given and method; and is
  - signed by the person administering the medication and a witness who verifies that the medication has been given correctly; and
  - verified by parent signature at the end of the day.

Storage of medicines

- All medication is stored safely in a marked plastic box in the storage cupboard in the Rainbow Room or refrigerated as required.
- The child's key person is made aware of any medication being stored for a child in their care.
- 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.
- 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.
- The preschool manager is responsible for ensuring that any over-the-counter medication that is held in the Preschool is in date.

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 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.
- An individual health 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 individual health plan should include the measures to be taken in an emergency.
- The individual health plan is reviewed every six months 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 individual health 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 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, 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 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

4.3 Managing Children who are Sick, Infectious or with Allergies

(Including reporting notifiable diseases)

Policy statement

We aim to 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 trigger.

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 will call the parents and ask them to collect the child, or send a known carer to collect the child on their behalf. (*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.)
- Temperature is taken using a 'fever scan' or other means i.e. ear thermometer, kept near to the first aid box.
- If the Preschool manager deems it necessary, sugar-free Calpol can be administered to the child, in accordance with the procedure laid out in our administering medicines policy.
- In extreme cases of emergency an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to preschool; the preschool can refuse admittance to children who have a 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 before returning to the setting.
- After diarrhoea and sickness, 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 snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.
- The setting manager notifies their line manager 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 manager 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 manager or deputy calls NHS111 and informs parents.

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.
    - Bag soiled clothing for parents to take home for cleaning.
- 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 appropriately.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

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. This continues as an ongoing dialogue with the parents throughout the child's time at Fledgelings.
- 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 measures.
- This form is kept in the child's personal file and staff are notified of the details. It is recorded in brief against the child's details on the group list.
- On going discussions must take place with parents/carers and where appropriate health professionals to develop allergy action plans for managing any known allergies and food intolerances.

- All staff at the Fledgelings Preschool must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances
- 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.
- If within the setting a child has an allergic reaction to a new or previously unknown allergen, the Preschool manager is able to administer Piriton syrup in accordance with the procedure laid out in our administering medicines policy.

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 our insurance provider will be obtained to extend the insurance
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Procedures

Oral medication

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our 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 are adhered to for the correct storage and administration of the medication.
- The preschool 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 our insurance provider.

Life saving medication & 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 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.

- The setting 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.
  - a healthcare plan.
- The setting's insurance may need to be extended in such a circumstance, in which case the manager will contact the insurance provider, follow the required procedures and obtain written confirmation of the extension of insurance.

- **Treatments, such as inhalers or Epipens are immediately accessible in an emergency.**

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

In this case the setting requires:

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person to have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- The setting's insurance may need to be extended in such a circumstance, in which case the manager will contact the insurance provider, follow the required procedures and obtain written confirmation of the extension of insurance.

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 educator applying the technique in the first instance.

Safeguarding/child protection

- Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If an educator 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.

4.4. Notifiable Incidents and Accidents

Policy statement

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.

Procedures

Staff respond swiftly, appropriately and effectively in the case of an incident within the setting. Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable 'incident 'could include:

- fire or suspected arson
- electric or gas fault
- burst pipe, severe leak or flooding
- severe weather that has caused an incident or damage to property
- break-in with vandalism or theft
- staff, parent or visitor mugged or assaulted on site or in vicinity on the way to or from the setting
- outbreak of a notifiable disease
- staff or parent threatened/assaulted on the premises by a parent or visitor
- accidents due to any other faults (that are reportable under RIDDOR)
- lost child
- any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use

The designated health and safety officer:

- has all emergency services numbers immediately to hand
- has a list of contacts for maintenance and repair
- ensure that members of staff know what to do in an emergency
- risk assess the situation and decides, with the Chairperson of the Committee, if the premises are safe to receive children before any children are arrive or to offer a limited service

Emergency evacuation

In most instances, children will not be evacuated from the premises unless there is an immediate risk or unless they are advised to do so by the emergency services.

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.

- Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).
- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will act upon the advice of the emergency services at all times.

Emergency closure

The circumstances under which the setting may be closed due to an incident include:

- The owners/directors/trustees make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
  - a school, where the setting is on a school site
  - the children's centre (if on a children's centre site)
  - the emergency services
- A parent makes the decision for their child not to attend.
  - If a parent makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal.
  - Further consideration of individual incidences must be done in consultation with the Chairperson of the Committee.

Recording and reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time) and that the Chairperson of the Committeeis informed.
- The setting manager completes and sends an incident record to the Chairperson of the Committee, who, according to the severity of the incident notifies Ofsted or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

- Specified injuries at work, as detailed at www.hse.gov.uk/pubns/indg453.pdf
- Fatal accidents to staff, children and visitors (parents).
- Accidents resulting in the incapacitation of staff for more than seven days.
- Injuries to members of the public, including parents' and children, where they are taken to hospital.
- Dangerous 'specified' occurrences, where no-one is injured but they could have been. (these are usually industrial incidents). This may include:
  - a member of staff injures back at work through lifting and is off for two weeks

- a parent slips on a wet floor near the water tray and is taken to hospital
- a child falls from a climbing frame and is taken to hospital
- the ceiling collapses
- an outbreak of Legionella

The setting manager informs the Chairperson of the Committee and completes an accident and/or incident record; witness statements are taken as previously detailed.

- If the incident is RIDDOR reportable, the setting manager telephones HSE Contact Centre on 0345 300 9923 or reports online at www.hse.gov.uk/riddor/report.htm
- RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

The local authority investigates all reported injuries, diseases or dangerous occurrences. They will decide if there has been a breach in health and safety regulations and will decide what measures will be taken.

The Chairperson of the Committee reviews how the situation was managed, as above, to ensure that investigations were rigorous and that policies and procedures were followed.

If an insurance claim is likely:

- Incidents such as fire, theft or flood are notified to the insurance provider immediately
- The setting does not admit liability
- If broken or faulty equipment is involved, it must not be repaired, destroyed or disposed of, in case it is needed during the investigation
- If communication from a solicitor is received on behalf of the injured party, this is sent directly to the insurance provider; the setting manager will then write to the solicitor to confirm that the letter has been passed on
- The incident is not discussed with any outside persons, or other parents, no matter what questions they may ask about their own child's safety in relation to the incident, as it is regarded as confidential under the Data Protection Act.

Education Inspection Framework

- As required under the *Education 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 1995)
- The Health and Safety (Enforcing Authority) Regulations 1998

4.5 Oral Health

Policy statement

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.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.
- Staff follow information within the Early Years Foundation Stage nutrition guidance
- Oral hygiene activities are included in planning.

Dummies/Pacifiers

- Parents are *advised* of the risks of using dummies/pacifiers after the age of 12 months.
- Staff encourage dummies to be kept in the children's bags during the day. The setting does not encourage the children to have dummies during the session.
- Dummies that are damaged are disposed of and parents are told that this has happened.

Further guidance

Best Start in Life - NHS

Help for early years providers: health and wellbeing

This policy was reviewed by	The Fledgelings Preschool
On	October 2026
Date to be reviewed	October 2027
Name of signatory	Ann Goodall
Role of signatory	Committee Member