

# Health and Hygiene Policies

Little Wombatz

14/03/2017

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

(Including reporting notifiable diseases)

## Policy statement

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

## 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, an allergy care plan 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 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*

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on

them.

- The group must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- Children with asthma requiring an inhaler will have an “asthma care plan” completed for them.
- The group 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 & invasive treatments*

All children requiring Adrenaline injections (Epipens/Injex pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy) will have a care plan written for their needs. In addition to this 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
- all staff are trained in the use of adrenaline injection devices as part of their first aid training.

(Copies of all letters relating to these children will first be sent to the Morton Michel Underwriting Department for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. This will be relayed to parents.)

Children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc will have an individual care plan written to ensure their needs are met. In addition the setting must have:

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to 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 Morton Michel Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

#### **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 on their behalf. This is recorded on a sickness log.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- Temperature is taken using a digital temple thermometer (non-invasive) kept near to 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 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, parents are asked to keep them at home for 24 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/servlet/ContentServer?c=HPAweb\\_C&cid=1194947358374&pagename=HPAwebFile](http://www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pagename=HPAwebFile) and includes common childhood illnesses such as measles.

#### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, 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 rinsed and either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- 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.

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

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

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that 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.

## Procedures

- 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. Children's paracetamol or ibuprofen will be given on a short-term basis on the advice of a doctor as long as the child is well enough to attend the setting and at the discretion of the setting manager.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. 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;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;

- any possible side effects that may be expected should be noted; and
- signature, printed name of parent and date.

This information should be collected by the child's key person on the child's arrival at the setting.

- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record sheet to acknowledge the administration of a medicine. The sheet is stored in the child's individual file and records:
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/manager; and is
  - verified by parent signature at the end of the day.

#### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated. 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. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- Medication is kept in a locked box in either the kitchen cupboard or the refrigerator depending on the nature of the medication. Staff are aware of the need to lock away the medication as soon as possible after the child's arrival in the setting.
- If the administration of prescribed medication requires medical knowledge, individual training is provided 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, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

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

- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed 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 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 who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a medication record sheet when it has been given, with the details as given above.
- On returning to the setting the sheet is signed and added to the child's record.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.

# First aid

## Policy statement

At Little Wombatz 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 current first aid training 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.

## Procedures

### *The first aid kit*

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items only:

- Triangular bandages (ideally at least one should be sterile) - x 4.
- Sterile dressings:
  - a) Small (formerly Medium No 8) - x 3.
  - b) Medium (formerly Large No 9) – HSE 1 - x 3.
  - c) Large (formerly Extra Large No 3) – HSE 2 - x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters 1.
- Sterile eye pads (with bandage or attachment) eg No 16 dressing 2.
- Container or 6 safety pins 1.
- Guidance card as recommended by HSE 1.

In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- a children's forehead digital thermometer.
  
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- 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.
- 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.

## **Policy for Intimate Care**

### **1. What is intimate care?**

Intimate care encompasses areas of personal care, such as nappy/pads changing, washing and dressing.

### **2. Our approach to best practice**

Support for children/young people with intimate care needs will be carefully planned and the setting will ensure that:

- Staff who provide intimate care are trained to meet the needs of individual children.
- All staff adhere to the setting's safeguarding and child protection policy.
- Suitable equipment and facilities are made available.
- Staff carrying out intimate care are appropriately supported.
- Where possible one-to-one care will be provided unless there is an identified need for having more adults.
- Intimate care is discussed and agreed with parents and carers.
- The needs and wishes of the child/young person are taken into consideration.
- An appropriate written plan for intimate personal care is discussed, agreed and shared with the child or young person and their family, signed by all involved and reviewed on a regular basis.
- Intimate care is logged and recorded and records retained. The record will include the date and time the intimate care was carried out and by whom.
- Equal opportunities legislation is taken into account.
- Mobile phones, cameras and technological devices are not used by children or staff in areas where intimate care is carried out.

### **Intimate care – safeguarding children**

If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness, they will immediately pass their concerns to the Designated Person for child protection in their setting.

In the event of an allegation being made against a member of staff, volunteer or student, the procedures for Allegations of Abuse (as per the guidance and flow chart) will be followed.

### **Visits and outings**

The setting has procedures and plans in place for the day-to-day intimate care needs of a child or young person, but further consideration and risk assessment will need to be taken in good time before a trip or for an activity.

### **Useful contacts**

**Early Years Safeguarding Advice Line**

**Tel: 01223 729040**

# Food hygiene

(Including procedure for reporting food poisoning)

## Policy statement

At Little Wombatz we provide and/or serve food for children on the following basis:

- We provide snacks.
- We serve packed lunches provided by parents/carers.

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food. We are registered as a food provider with the local authority Environmental Health Department.

## 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*. The basis for this is risk assessment as it applies to 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*.
- At least one person has an in-date Food Hygiene Certificate.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (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 disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
  - are supervised at all times;
  - understand the importance of hand washing and simple hygiene rules
  - are kept away from hot surfaces and hot water; and

- do not have unsupervised access to electrical equipment such as blenders etc.

#### *Reporting of food poisoning*

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

# Animals in the setting

## Policy statement

Children learn about the natural world, its animals and other living creatures, as part of the Early Years Foundation Stage curriculum. This may include contact with animals, or other living creatures, either in the setting or in visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

## Procedures

### *Animals in the setting*

- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- If animals or creatures are brought in by visitors to show the children they are the responsibility of the owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.
- Children are taught correct handling and care of the animal or creature and are supervised.

### *Visits to farms*

- Before a visit to a farm a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment which should be viewed.
- The outings procedure is followed.
- Children wash their hands after contact with animals.
- Outdoor footwear worn to visit farms are cleaned of mud and debris and should not be worn indoors.

## **No-smoking**

### **Policy statement**

We comply with health and safety regulations and the Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

### **Procedures**

- All staff, parents and volunteers are made aware of our no-smoking policy.
- We display no-smoking signs.
- The no-smoking policy is stated in our information brochure for parents.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours unless on a break and off the premises. Staff are not permitted to smoke in their uniforms.
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.