



4. Health

4.1 Administering medicines

Policy statement

While it is not St Mary's Nursery, Camberley 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. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

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.

Our staff are 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 notify our insurance provider of all required conditions, as laid out in our insurance policy.

Procedures

- 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.

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- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth;
 - the name of medication and strength;
 - who prescribed it;
 - the dosage and times to be given in the setting;
 - the method of administration;
 - how the medication should be stored and its expiry date;
 - any possible side effects that may be expected; and
 - the signature of the parent, their printed name and the date.
- 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;
 - name of the doctor that prescribed it;
 - date and time of the dose;
 - dose given and method;
 - signature of the person administering the medication and a witness; and

- parent's signature.
- We use the Pre-school Learning Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- 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.
- We monitor the medication record book 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.

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 or manager 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 termly, that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

The Medication Boxes is located in the setting in the medical area and in the refrigerator in the kitchen. Staff are made aware daily by the manager running the session of any medication to be administered.

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

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our 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.

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- 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.
- 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 adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan 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 individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children 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, including all the details that need to be recorded in the medication record as stated 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.
- This procedure should be read alongside the outings procedure.
- Staff taking medication



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

Further guidance

Medication Administration Record (Early Years Alliance 2019)

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Signed on behalf of the provider	<hr/>	
Name of signatory	<u>Andrew Knowles</u>	
Role of signatory (e.g. chair, director or owner)	<u>Chairperson</u>	
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4.2a Managing children who are sick, infectious, or with allergies

Policy statement

St Mary's Nursery, Camberley aims 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.

Prevention

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time as per our policy stated below.
- After diarrhoea and vomiting, we ask parents keep children home for 48 hours following the last episode.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager or office staff will call the parents and ask them to collect the child, or to 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 digital thermometer, kept with the first aid box.

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- If the child's temperature does not go down and is worryingly high, then we may give them provided Calpol or another similar analgesic, if none is provided by the parent they will be asked to collect their child. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- 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.
- We have a list of excludable diseases and current exclusion times.
- 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.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.



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. We

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/sluicing clothing after changing.
- We bag soiled clothing for parents to collect.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Baby 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 we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

****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'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. 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.

The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

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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

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form 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 risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- We have a nut free 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

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life

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threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must 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.
- 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.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We 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 and invasive treatments:

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc).

 - We 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 our 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 Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- 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.:
 - 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 receiving appropriate instructions from parents or guardians.

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- Copies of all letter relating to these children must first be sent to the Pre-School Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Early Years Alliance Insurance Department on 020 7697 2585 or email insurance@eyalliance.org.uk

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4.2b Managing a suspected case of Coronavirus

Covid-19 symptoms can include:

- A high temperature or shivering (chills) - a high temperature means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours
- A loss or change to your sense of smell or taste
- Shortness of breath
- Feeling tired or exhausted
- An aching body
- A headache
- A sore throat
- A blocked or runny nose
- Loss of appetite
- Diarrhoea
- Feeling sick or being sick
- The symptoms are very similar to symptoms of other illnesses such as colds and flu

Please refer to the latest government guidance on [next-steps-for-living-with-COVID](#). If it is suspected that a child has COVID, staff do not attempt to diagnose or make assumptions about symptoms presented. They should immediately respond and take action as detailed in this procedure. This includes asking parents/carers to seek further advice from a medical practitioner who may/or may not advise that the symptoms meet the criteria for testing. In which case if the child appears well and displays no further suspect symptoms, they can return to the setting within the timescale advised by the medical practitioner.

If a child presents with a continuous cough or fever they should not attend nursery for three days from the onset of symptoms.

The focus on coronavirus must not detract from staff being alert to the signs and symptoms linked to other serious illness as detailed below:



What to do if a child seems very unwell

Children and babies will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child's parents immediately.

Call 999 if a child:

- has a stiff neck
- has a rash that does not fade when you press a glass against it
- is bothered by light
- has a seizure or fit for the first time
- has unusually cold hands
- has pale, blotchy, blue or grey skin
- has a weak, high-pitched cry that is not like their usual cry
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe
- has a soft spot on their head that curves outwards
- is not responding like they normally do

Being prepared

- All staff are aware of this procedure and their responsibility if a child becomes unwell with coronavirus symptoms at the setting.
- Staff are instructed in how to remove and dispose of PPE equipment safely – this includes aprons and gloves worn during routine care procedures.

If a child becomes unwell

- If a child is displaying any of the symptoms of coronavirus. The manager/deputy calls their parents to collect them immediately. Current guidance states that: *'If a child or young person has a positive COVID-19 test result they should try to stay at home and where possible avoid contact with other people for 3 days after the day they took*

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the test. The risk of passing the infection on to others is much lower after 3 days, if they feel well and do not have a high temperature. Children and young people who usually attend an education or childcare setting and who live with someone who has a positive COVID-19 test result should continue to attend as normal'.

- We will maintain contact with the parent(s) of the child who was sent home, and ensure they know that their child is entitled to a test and encourage them to get their child tested. To access testing parents should use the [111 online coronavirus service](#).
- We will ask the parent(s) to let us know the outcome as soon as possible.
- If the test result is positive we will inform all other parents that a child has tested positive and remind them to be aware of the symptoms to look out for.
- We will inform our local authority if a child, or staff member in the setting tests positive for coronavirus.

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4.3 Accidents and emergency treatment

Policy statement

St Mary's Nursery, Camberley 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. There is also a procedure for managing allergies in this section.

Persons responsible for checking and stocking first aid box: Sue Gauntlett/Jo Halls

- Parents consent to emergency medical treatment consent on registration.
- All staff are paediatric first aiders, who regularly update their training; First Aid certificates are renewed at least every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
 - 4 Bandages, Triangular
 - 1 Bandage, Tubular Finger 1m with applicator
 - 5 Dressing Pads, Low Adherent 5cm x 5cm
 - 2 Dressings, Eye pad
 - 2 Dressings, HSE Large 18cm x 18cm
 - 6 Dressings, HSE Medium 12cm x 12cm
 - 2 Gloves, Pairs
 - 1 Guidance leaflet
 - 20 Plasters, Washproof Assorted
 - 1 Resuscitation Face Shield
 - 8 Safety Pins
 - 1 Scissors

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- 5 Swabs, Gauze 7.5cm x 7.5cm
- 1 Tape, Microporous
- 6 Wipes, Cleansing
- 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.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice packs in the kitchen fridge.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on Famly and sent immediately to inform the parents.
- If 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, the emergency services 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 managers 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 as soon as possible.
- The Nursery 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 Nursery Manager 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 owners/directors/trustees, inform local child protection agencies of these events

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4.4 Intimate Care

Policy statement

No child is excluded from participating in St Mary's Nursery, Camberley 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

- Our key persons are responsible for recognising the need to change the children in their care who are in nappies or 'pull-ups' and do so accordingly.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. This is an ideal time for one to one time with their key person.
- Children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Each child has their own provided bag with their nappies or pull ups, changing wipes or cotton wool.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. The changing mat is freshly cleaned for each child.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.

- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children 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 another toilet.
- We encourage children 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.
- We do not use anti-bacterial hand wash liquid or soap 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.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. All soiled and wet nappies or pull ups are bagged and put in the nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for parents 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.

Nappy changing records

- Key persons record when they changed children they state whether it is wet or soiled and if there was anything unusual about it e.g. hard and shiny, soft and runny or an unusual colour.
- If the child does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents will be informed. The child may be constipated so their feed may need to be adjusted.
- A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.



- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called immediately to collect their child, who must be taken to the doctor.
- Sometimes a child may have a sore bottom. This may have happened at home as a result of poor care; or the child may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the child without a nappy in some circumstances. If a medicated nappy cream is used, this must be recorded and permission given on the child's registration form.

This Policy was adopted by	St Mary's Nursery, Camberley,	<i>(name of provider)</i>
Last reviewed On	September 2023	<i>(date)</i>
Date to be reviewed	September 2024	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	Andrew Knowles	
Role of signatory (e.g. chair, director or owner)	Chairperson	



4.5 Food and drink

Policy statement

St Mary's Nursery, Camberley regard 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.

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 on 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 updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We show sensitivity in providing for children's diets and allergies. We 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 take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- We organise meal and snack times so that they are social occasions in which children and adults participate.
- Before snack and lunch children wash their hands.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- Fruit and raw vegetables are cut into batons. Bananas and other foods are not cut as rounds, but are sliced to minimise choking.

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- When staff are preparing food and when they are with the children that are eating they must ensure they tie their hair back, wear gloves and an apron.
- Children attend snack when they want. They are not made to leave their play if they do not want to have snack.
- 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 encourage parents to provide water bottles, if they wish to provide juice we ask for parents to provide it in lunch boxes only.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- We provide semi-skimmed milk for each child.

Packed lunches

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
- We inform parents of our policy on healthy eating;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche. We discourage sweet drinks and can provide children with water or milk;
- We 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;
- We ensure that adults 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.

This Policy was adopted by

St Mary's Nursery,
Camberley,

(name of
provider)

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Date to be reviewed	<u>September 2024</u>	<i>(date)</i>
Signed on behalf of the provider	<hr/>	
Name of signatory	<u>Andrew Knowles</u>	
Role of signatory (e.g. chair, director or owner)	<u>Chairperson</u>	
	<hr/>	



4.6 Food hygiene

Policy statement

We provide and/or serve food for children on the following basis:

- Snacks.
- Packed lunches.

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

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safe 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 our staff who are 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.
- 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 and 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.

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- 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;
 - 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 our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, 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

This Policy was adopted by	St Mary's Nursery, Camberley,	<i>(name of provider)</i>
Last reviewed On	<hr/> September 2023	<i>(date)</i>
Date to be reviewed	<hr/> September 2024	<i>(date)</i>
Signed on behalf of the provider		
Name of signatory	<hr/> Andrew Knowles	
Role of signatory (e.g. chair, director or owner)	<hr/> Chairperson	

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