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 administer medication when it has been prescribed, this includes paracetamol based medicines such as Calpol, for a child by a doctor (or other medically

qualified person). Except for circumstances such as pain relief for teething /tooth pain and antihistamines for hayfever. 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. 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 on Tapestry 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 care diary on Tapestry each time it is given and is signed by the person administering the medication and a witness. The medication record 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 Tapestry Care Diary for recording the administration of medicine.

- 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 cabinet or refrigerated as required.
- 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

- Parents are asked to complete an Individual Health Care Plan (IHCP) which sets out what support each child needs and how this will be provided. Individual healthcare plans are developed in partnership between the nursery and parents and the relevant healthcare professional who can advise on your child's case. We will make judgements about how your child's medical condition impacts on their ability to participate fully in nursery life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed. The IHCP's are kept in the setting in a file accessible to all staff at all times.
- If a child requires an inhaler or Epi-pen this must be kept at nursery at all times. We will not accept a child into the nursery setting without their medication. Parents

should ask their GP for an additional inhaler/epi-pen to be held at the nursery. Where a second one cannot be obtained it is the responsibility of the parent to remember to bring their child's medication to nursery and to collect it at the end of the day.

- 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.
- 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 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 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 record on the card is transferred to the child's care diary and parents are notified.
- 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. If a child has an IHCP this will also be taken to the hospital.
- 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.

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Signed on behalf of the provider		
Name of signatory	Sue Dunn	
Role of signatory (e.g. chair, director or owner)	Acting Chairperson	

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.
- 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 we ask that parents collect their child and treat them for head lice before they return to the setting.
- 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.

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

St Mary's Nursery, Camberley is a Charitable Incorporated Organisation registered in England and Wales under charity number 1168824. Registered address as above.

4.2b Managing a suspected case of Coronavirus and other virus'

Coronavirus and other virus' 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

If a child presents with a continuous cough or fever, they should not attend nursery for three days from the last set 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.

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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
- 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 Tapestry and sent immediately to inform the parents.
- When in the garden and on outings all staff where a first aid bag.
- 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.

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. Gloves are changed 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 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.

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4.5 Safer Eating Policy

Statement of Intent

St Mary's Nursery is committed to providing a safe, calm, healthy and enjoyable eating experience for every child.

We recognise that children aged 2–4 years are developing their eating skills and may be at increased risk of choking. We therefore consider safe eating practices, appropriate food preparation, effective supervision, allergy management and appropriate emergency procedures to be essential.

We work in partnership with parents and carers to encourage healthy eating, promote positive mealtime experiences and ensure that food brought into the nursery is suitable and safely prepared for young children.

St Mary's Nursery operates as a **nut-free setting**. Procedures are in place to minimise the risks associated with choking, allergies and unsuitable foods during all meals and snack times.

Lunch Arrangements

Children eat lunch together in a relaxed, social and supervised environment. Appropriate staff-to-child ratios are maintained throughout lunchtime.

All children remain seated while eating and are closely supervised by staff.

Staff encourage children to:

- Eat slowly.
- Take small bites.
- Chew food thoroughly before swallowing.
- Avoid talking with food in their mouths.
- Drink regularly.
- Develop safe and appropriate eating habits.
- Become increasingly independent while eating safely.

Children are never left unattended while eating.

Healthy Packed Lunches

Parents and carers are responsible for providing a healthy packed lunch that meets their child's nutritional needs.

Packed lunches should include a balance of foods from the main food groups and may include:

- Sandwiches, wraps, pasta or rice.
- Fresh fruit and vegetables.
- Dairy products or suitable alternatives.
- Protein foods such as meat, fish, eggs or pulses.
- Water or another suitable drink.

Parents and carers are encouraged to limit foods that are high in sugar, salt and saturated fat.

The nursery encourages families to provide nutritious foods that support children's health, development and wellbeing.

Prohibited Foods

To support children's health, reduce choking risks and maintain our nut-free environment, certain foods are not permitted at St Mary's Nursery.

Parents and carers must not provide:

Nuts and Nut Products

- Peanuts.
- Tree nuts.
- Nut butters.
- Products containing nuts.

Parents and carers are asked to check food labels carefully before providing food for children.

Foods Not Permitted for Health or Safety Reasons

The following foods and drinks are also not permitted:

- Popcorn.
- Chewing gum.
- Sweets intended as confectionery.
- Energy drinks.
- Fizzy drinks.
- High-sugar foods, including iced cakes, iced biscuits, Party Rings and similar highly sugary biscuits or confectionery-style snacks.
- Foods containing excessive amounts of added sugar that are not considered suitable for a healthy nursery lunch or snack.

The nursery may identify additional foods as unsuitable where they present a choking, allergy, nutritional or other safety risk.

Where possible, families are encouraged to choose healthier alternatives such as fresh fruit, vegetables, sandwiches, wraps, plain crackers, breadsticks and other nutritious foods suitable for young children.

Lunch Box Checks

Before children begin eating, staff will visually check lunch boxes to ensure that:

- Food appears suitable for young children.
- Food has been prepared safely.
- Choking risks have been reduced.
- Prohibited foods have not been included.
- Known dietary and allergy requirements are being followed.

Staff will not routinely remove food simply because they consider it unsuitable; however, where a food clearly breaches this policy or presents an immediate health or safety risk, staff will take appropriate action.

If a lunch box contains nuts or a food that presents an immediate choking or allergy risk, the item will not be served and parents or carers will be informed at the earliest opportunity.

Where concerns continue, the manager will work sensitively with the family to support safe and healthy lunch choices.

Rolling Snack Time

St Mary's Nursery operates a rolling snack time to encourage children to develop independence, make healthy choices and enjoy positive social experiences around food. Children may attend snack time when they are ready. A designated snack table is provided where children can sit and enjoy their snack in a calm environment.

A member of staff will remain with the children at the snack table at all times.
Children will remain within the staff member's sight and sound and will be closely monitored throughout snack time.

Children are encouraged to:

- Sit while eating.
- Make choices where appropriate.
- Eat at their own pace.
- Take small bites.
- Chew food thoroughly.
- Follow good hygiene practices.

Snack Provision

Parents and carers may provide suitable snack donations to support our healthy eating approach.
Suitable snack donations include:

- Fresh fruit.
- Vegetables.
- Breadsticks.

- Crackers.

St Mary's Nursery provides **semi-skimmed milk where appropriate** as part of its snack provision. Water is available to children throughout the day.

All snacks are prepared by staff following appropriate food hygiene procedures.

Staff ensure food is prepared appropriately for young children, including cutting, slicing, squashing, grating or otherwise adapting foods where necessary to reduce choking risks.

Nuts and nut-containing products must not be provided.

High-sugar foods, including iced cakes, iced biscuits, Party Rings and similar products, are not considered suitable for routine nursery snack provision.

Safe Food Preparation and Choking Prevention

Parents, carers and nursery staff all have a responsibility to ensure that food is prepared safely for young children.

Particular care must be taken with foods that can present a choking risk.

Examples of appropriate preparation include:

- Grapes, cherry tomatoes and similar round foods should be cut lengthways into quarters.
- Sausages should be cut lengthways and into small, manageable pieces.
- Large blueberries should be squashed.
- Hard fruits and vegetables should be grated, cooked or cut into thin slices or small pieces.
- Stones, pips and bones must be removed.
- Food should be prepared in a form that is appropriate for the child's age and individual needs.

Food provided by St Mary's Nursery will be prepared in accordance with appropriate food hygiene and safer food preparation guidance.

Children will be encouraged to sit upright while eating and will be actively supervised throughout meals and snacks.

Choking Emergency Procedure

St Mary's Nursery recognises that, despite appropriate food preparation and supervision, a choking emergency may still occur.

All staff must follow their **paediatric first aid training and the nursery's emergency procedures** if a child is choking.

The recognised paediatric choking response must be commenced promptly and emergency medical assistance must be sought where required.

Staff must not delay:

- Calling the emergency services.
- Providing appropriate paediatric first aid.
- Beginning resuscitation where required.

Where a choking incident occurs:

- Staff will immediately assess the situation.
- The recognised paediatric choking procedure will be carried out without delay by appropriately trained staff.
- Emergency medical assistance will be called as required.
- First aid and resuscitation procedures will continue as necessary.
- Parents or carers will be informed as soon as practicable.

- The incident will be recorded and reported in accordance with the nursery's Accident and Incident Reporting Procedure.
- The incident will be reviewed to identify any learning or changes required to practice, supervision or risk assessments.

Eating Supervision and Staff Responsibilities

Staff are responsible for maintaining safe eating practices throughout the nursery day.

Staff will:

- Maintain appropriate staff-to-child ratios.
- Ensure children remain within sight and sound during eating.
- Actively supervise all meals and snacks.
- Ensure children are seated while eating.
- Encourage safe eating behaviours.
- Monitor children's eating and identify potential choking risks.
- Understand age-appropriate food preparation.
- Follow allergy and dietary information provided by parents and carers.
- Follow individual healthcare plans and allergy action plans where applicable.
- Understand and follow paediatric first aid and choking emergency procedures.
- Record and report choking incidents, accidents and relevant near misses.

Mealtime and Snack Risk Assessment

St Mary's Nursery completes regular risk assessments to ensure eating and drinking experiences are safe and suitable.

Risk assessments will consider:

- Supervision arrangements.
- Staff positioning.
- Staff-to-child ratios.
- Choking hazards.

- Food preparation.
- Food hygiene.
- Allergies and dietary requirements.
- Individual children's needs.
- Children's developmental abilities.
- Emergency response arrangements.

Risk assessments will be reviewed regularly and following any significant incident, near miss, change in guidance or change in children's individual needs.

Children with Additional Needs

Children with allergies, medical conditions, swallowing difficulties, developmental needs or additional eating requirements will have appropriate arrangements developed in partnership with parents or carers and relevant professionals.

Where appropriate, an individual healthcare plan, allergy action plan or other relevant plan will be put in place.

Staff will be informed of the child's individual requirements and will follow the agreed procedures at all mealtimes and snack times.

Allergy Safety and Management

St Mary's Nursery recognises that food allergies can be serious and, in some cases, life-threatening.

We are committed to protecting children with allergies through safe eating practices, effective communication with families, prevention of accidental exposure and appropriate emergency procedures.

Managing Allergies

Parents and carers must inform St Mary's Nursery of any known:

- Food allergies.
- Food intolerances.
- Dietary requirements.
- Relevant medical conditions.

Where a child has an allergy:

- Parents will provide relevant medical information.
- An individual healthcare plan or allergy action plan will be completed where appropriate.
- Staff will be made aware of the child's allergy, symptoms and emergency procedures.
- Food provided by parents or the nursery will be checked carefully.
- Cross-contamination risks will be considered during food preparation, serving and storage.
- Staff will follow the child's individual allergy or healthcare plan.

Allergy Awareness

Staff will understand:

- Common signs and symptoms of an allergic reaction.
- The importance of following individual allergy plans.
- How to respond appropriately in an emergency.
- The importance of clear communication between staff and families.
- The importance of preventing accidental exposure to known allergens.

Food Provided by the Nursery

All snacks provided by St Mary's Nursery will be checked before being offered to children.

Staff will consider allergen information when preparing and serving food.

St Mary's Nursery is a **nut-free setting**. Nuts and nut-containing products must not be brought into the nursery for lunches, snacks, celebrations or other activities involving food.

Emergency Allergy Response

If a child shows signs of an allergic reaction, staff will follow the child's individual allergy action plan and emergency procedures immediately.

Where emergency medication has been prescribed for the child, staff will follow the child's individual healthcare or allergy plan and seek emergency medical assistance as required.

Any allergic reaction, suspected reaction or allergy-related incident will be recorded, reviewed and shared with parents or carers as appropriate.

Hygiene and Safe Eating Practices

Staff and children will follow appropriate hygiene practices before, during and after meals and snacks.

Children will be encouraged to:

- Wash their hands before eating.
- Use appropriate utensils.
- Keep food and drinks for themselves.
- Avoid sharing food unless specifically organised and approved by staff.
- Follow staff instructions during mealtimes.

- Keep their eating area clean.

Staff will follow appropriate food hygiene procedures when handling, preparing, storing and serving food.

Working with Parents and Carers

St Mary's Nursery values its partnership with families and will provide guidance regarding:

- Healthy lunch choices.
- Healthy snacks.
- Safe food preparation.
- Choking prevention.
- Prohibited foods.
- Allergy awareness.
- Individual dietary requirements.

Where concerns arise regarding a child's lunch, snack or eating habits, staff will discuss these sensitively with parents or carers.

The aim is to work collaboratively with families to support children's health, safety, development and wellbeing.

Incidents, Accidents and Near Misses

Any choking incident, suspected choking incident, allergic reaction, food-related accident or significant near miss will be:

- Responded to immediately in accordance with relevant emergency procedures.
- Reported to the manager or designated senior member of staff.
- Recorded in accordance with the nursery's Accident and Incident Reporting Procedure.
- Communicated to parents or carers as appropriate.
- Reviewed to identify whether further action or changes to practice are required.

Following a significant incident, relevant risk assessments and procedures will be reviewed and updated where necessary.

Monitoring and Review

The manager will monitor the implementation of this policy through:

- Mealtime and snack observations.

- Staff discussions and supervision.
- Accident and incident records.
- Choking and near-miss records.
- Risk assessments.
- Allergy management reviews.
- Checks of emergency equipment.
- Feedback from children, parents and carers.
- Staff training and awareness.

This policy will be reviewed annually or sooner if legislation, statutory guidance, professional guidance or nursery procedures change.

Related Documents

This policy should be read alongside:

- Healthy Eating Policy.
- Food Hygiene Policy
- Snack Time Risk Assessment.
- Allergies and Anaphylaxis Policy.
- First Aid Policy.
- Health and Safety Policy.
- Safeguarding and Child Protection Policy.
- Equality, Diversity and Inclusion Policy.
- Accident and Incident Reporting Procedure.
- Individual Healthcare Plans.
- Allergy Action Plans.

This Policy was adopted by	St Mary's Nursery, Camberley,	*(name of provider)*
Last reviewed On	1st September 2026	*(date)*
Date to be reviewed	1st September 2027	*(date)*
Signed on behalf of the provider		
Name of signatory	Sue Dunn	
Role of signatory (e.g. chair, director or owner)	Acting Chairperson	

4.6 Lunch and Snack Time Staff Safety Checklist

Date: _____

Staff Member: _____

Before Lunch or Snack

- Relevant allergy, dietary and medical information has been checked.
- Individual healthcare/allergy action plans are available and understood.
- Emergency medication is accessible where required.
- Appropriate staff-to-child ratios are maintained.
- Eating area is clean, safe and ready for use.
- Tables and relevant equipment have been cleaned.
- Children have washed/cleaned their hands.
- Staff have washed their hands before handling food.
- Food has been checked before serving.
- No nuts or nut-containing products are present.
- No popcorn, chewing gum, confectionery sweets, energy drinks or fizzy drinks are present.
- Food is fresh and suitable for children aged 2–4 years.
- Choking risks have been identified and reduced.
- Grapes, cherry tomatoes and similar foods are cut lengthways into quarters.
- Large blueberries are squashed where appropriate.
- Hard fruit and vegetables have been appropriately prepared.
- Sausages are cut lengthways and into small pieces.
- Bones, stones and pips have been removed.
- Food has been prepared and handled hygienically.

During Lunch or Snack

- A staff member remains with children while they are eating.

- Children remain within sight and sound.
- Children remain seated while eating.
- Staff are actively supervising rather than simply observing.
- Staff remain focused on the children and are not undertaking unrelated tasks.
- Children are encouraged to eat slowly.
- Children take manageable bites.
- Children are encouraged to chew thoroughly.
- Children are reminded not to talk with food in their mouths.
- Children are discouraged from overfilling their mouths.
- Children do not walk, run or play while eating.
- Children are discouraged from sharing food or drinks.
- Staff monitor for signs of choking.
- Staff monitor for signs of an allergic reaction.
- Individual dietary and medical requirements are followed.
- Children receive additional support where required.
- Children are encouraged to make choices and develop independence safely.
- Children are not pressured or forced to eat.
- Water is available.
- Milk is provided where appropriate as part of snack provision.
- Spills are cleaned immediately.

Lunch Box Check

Complete where applicable before lunch.

- Lunch appears suitable for the child's age and needs.
- No nuts or nut-containing products are present.
- No prohibited foods are present.
- Food does not present an obvious choking risk.
- Food has been prepared appropriately.

- Food appears safe and suitable to eat.
- Individual allergy/dietary requirements have been considered.

If an unsafe or prohibited item is identified:

- Item has not been served where it presents an immediate safety risk.
- Parent/carer will be informed as appropriate.
- Manager has been informed where necessary.
- Concern has been recorded where required.

After Lunch or Snack

- Children have finished eating before leaving the eating area.
- Remaining food has been dealt with safely.
- Food waste has been disposed of appropriately.
- Tables have been cleaned.
- Equipment and utensils have been cleaned.
- Spills and contamination have been dealt with.
- Eating area has been left clean and safe.
- Any concerns have been reported to the manager.
- Accidents have been recorded according to procedure.
- Choking incidents or significant near misses have been recorded.
- Allergic reactions or suspected reactions have been recorded.
- Parents/carers have been informed where appropriate.

STOP AND CHECK

Do not serve food if:

- It contains nuts or a nut-containing product.
- It presents an immediate choking risk and cannot be made safe.

- It appears spoiled, contaminated or unsafe.
- It conflicts with a child's known allergy or dietary requirement.
- You are unsure whether the food is safe for a particular child.

If a child chokes or shows signs of an allergic reaction, follow the child's individual plan and the preschool's emergency/first aid procedures immediately.

Staff Sign-Off

I confirm that I have completed the relevant lunch and/or snack safety checks and have reported any concerns appropriately.

Staff Signature: _____

Date: _____

Concerns / Actions Required:

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Last reviewed On	1st September 2026	*(date)*
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Signed on behalf of the provider		
Name of signatory	Sue Dunn	
Role of signatory (e.g. chair, director or owner)	Acting Chairperson	

4.7 Safer Sleeping

Purpose

This policy outlines the procedures followed by St Mary's Nursery to ensure the safety and wellbeing of children aged over two years who sleep or rest during the preschool day.

The policy reflects the requirements of the Early Years Foundation Stage (EYFS) Statutory Framework from September 2026 and promotes safe sleeping practices within our setting.

Principles

At St Mary's Nursery, we recognise that some children may require sleep or rest during the preschool day to support their health, wellbeing and development.

We are committed to providing a safe, comfortable and appropriately supervised environment that minimises risk while meeting each child's individual needs.

Children's sleep and rest needs will be considered on an individual basis, and we will work closely with parents and carers to ensure arrangements are appropriate.

Sleep Environment

Children who require sleep will rest in a designated quiet and comfortable area within the main nursery room. Children will not routinely sleep in a separate room.

The designated sleep area will:

- Be calm, quiet and comfortably lit.
- Allow practitioners to maintain continuous sight and hearing of sleeping children.

- Be free from hazards and excessive noise.
- Maintain a comfortable room temperature and adequate ventilation.
- Be arranged so that staff have immediate access to every sleeping child.

Each child who requires sleep will be provided with a clean sleep mat and clean bedding by St Mary's Nursery.

Bedding will be appropriate for the room temperature and will be laundered in accordance with the nursery's hygiene procedures after use.

Supervision

Sleeping children will remain under the direct supervision of practitioners at all times.

Staff will:

- Maintain continuous sight and hearing of sleeping children.
- Observe children regularly for any changes in breathing, colour, temperature, position or general wellbeing.
- Carry out and record wellbeing checks at least every 10 minutes, or more frequently where an individual risk assessment identifies additional needs.
- Respond immediately if any concerns arise.

Sleeping children will never be left unattended.

Individual Sleep Arrangements

St Mary's Nursery does not operate a scheduled sleep routine and does not routinely put children down for naps.

Children are encouraged to participate in the day's activities, with opportunities for quiet rest where required.

If a child falls asleep unexpectedly during the session, or shows clear signs that they are becoming sleepy and are unable to comfortably continue participating, a practitioner will gently support the child to the designated sleep area, where they can rest safely under supervision.

Parents and carers will be encouraged to discuss their child's usual sleep patterns and any individual needs with staff when their child starts at the nursery.

Where appropriate, we will record:

- Usual sleep patterns.
- Comfort items, where appropriate.
- Medical conditions.
- Medication.
- Any professional advice regarding sleep.
- Any additional supervision requirements.

Individual risk assessments will be completed where necessary.

Safe Sleep Practice

Staff at St Mary's Nursery will ensure that:

- Children sleep only in the designated sleep area on a firm, flat sleep mat.
- Children who fall asleep in another area of the nursery, or who are beginning to fall asleep, are carefully and safely moved to the designated sleep area whenever it is appropriate to do so.
- Clean bedding provided by the nursery is used for each child.
- Bedding is appropriate for the room temperature and does not present a suffocation or overheating risk.

- Heavy blankets, pillows, beanbags, sofas and unsuitable soft furnishings are not used for sleeping.
- Children's faces remain uncovered during sleep.
- Clothing is appropriate for the room temperature to reduce the risk of overheating.
- The sleep environment remains free from unnecessary hazards.

Staff Responsibilities

All practitioners at St Mary's Nursery will:

- Follow this policy consistently.
- Complete safer sleep training and undertake regular updates where required.
- Understand the signs of distress or illness during sleep.
- Record sleep times, 10-minute monitoring checks and waking times.
- Ensure that any concerns regarding a child's health, safety or wellbeing are reported immediately to the Nursery Manager or Designated Safeguarding Lead.
- Follow any individual risk assessment or specific professional advice relating to a child's sleep arrangements.

The Nursery Manager will ensure that staff are familiar with this policy and that appropriate arrangements are in place for monitoring compliance.

Partnership with Parents and Carers

St Mary's Nursery will work in partnership with parents and carers to ensure that sleep practices remain appropriate to each child's individual needs.

Parents and carers will be informed about:

- Their child's sleep or rest during the nursery session.

- Any concerns identified while their child was sleeping.
- Any significant changes to their child's usual sleep arrangements while at nursery.
- Any additional measures introduced as a result of an individual risk assessment.

Parents and carers are encouraged to share relevant information about their child's sleep patterns, comfort needs, medical conditions and any professional advice that may affect their child's sleep or rest.

Monitoring and Review

The Nursery Manager will monitor the implementation of this policy and ensure that staff follow the agreed safer sleep procedures.

This policy will be reviewed annually, or sooner if there are changes to legislation, statutory guidance, EYFS requirements or recognised best practice.

References

This policy should be read alongside relevant St Mary's Nursery policies and procedures, including safeguarding, health and safety, medication, first aid, illness and infection control procedures.

Relevant guidance includes:

- Early Years Foundation Stage (EYFS) Statutory Framework – effective September 2026
- Department for Education guidance relating to changes to the EYFS Framework – September 2026
- Relevant Local Safeguarding Children Partnership guidance, where applicable.

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Name of signatory	Sue Dunn	
Role of signatory (e.g. chair, director or owner)	Acting Chairperson	