

HEALTH

6.1 Administering medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medication to take effect. These procedures are written in line with current guidance in 'Managing Medicines in Schools and Early Years Settings; the manager is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Procedures

- Children taking prescribed medication must be well enough to attend the setting.

- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition.
- Children's paracetamol (un-prescribed) is administered only for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given in the setting;
 - how the medication should be stored and expiry date;
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.
- The administration is recorded accurately each time it is given and is signed by staff. Parents sign the record book to acknowledge the administration of a medicine. The medication record book records:
 - name of child;
 - name and strength of medication;
 - the date and time of dose;
 - dose given and method; and is
 - signed by key person/manager; and is
 - verified by parent signature at the end of the day.
- We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework

- Medicines Act (1968)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

This policy was adopted at a meeting of	Kids Corner Nursery Ltd	name of setting
Held on	July 2020	(date)
Date to be reviewed	July 2021	(date)
Signed on behalf of the management committee	<i>Hafsa Ghaswala</i> <i>Mariam Karim</i>	
Name of signatory	Hafsa Ghaswala & Mariam Karim	
Role of signatory (e.g. chair/owner)	Owner/Manager	

Other useful Pre-school Learning Alliance publications

- Medication Administration Record (2015)

- Daily Register and Outings Record (2015)



HEALTH

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

(Including reporting notifiable diseases)

Policy statement

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

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Policy statement

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

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – we 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 forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then [we/I] may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.

- Parents are asked to take their child to the doctor before returning them to the setting; [we/I] can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, [we/I] ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, [we/I] ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When [we/I] become aware, or are formally informed of the notifiable disease, [our manager informs/I inform] Ofsted and contacts Public Health England, and act[s] on any advice given.

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/I]:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- 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.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases [we/I] may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, [we/I] 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/I] 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/I] 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/I] can see it.
- A health care plan can also be completed.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- If necessary, [our/my] 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/my] insurance provider must be obtained to extend the insurance.
- At all times [we/I] 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/my] insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - [We/I] must be provided with clear written instructions on how to administer such medication.
 - [We/I] adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - [We/I] 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/my] insurance provider.
- Life-saving medication and invasive treatments:

These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

 - [We/I] 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/me] 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 Early Years Alliance Insurance team for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- Treatments, such as inhalers or Epipens are immediately accessible in an emergency.
- 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/I] must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to [the Early Years Alliance Insurance team for appraisal (if you have another provider, please check their procedures with them)]. Written confirmation that the insurance has been extended will be issued by return.
- If [we are/I am] unsure about any aspect, [we/I] contact [the Early Years Alliance Insurance team on 020 7697 2585 or email insurance@eyalliance.org.uk or insert details of your insurance provider].

Coronavirus Covid-19 updates

During the COVID-19 outbreak, any child showing symptoms, such as a high temperature; a new, continuous cough; loss of taste or smell, the following sequence of actions need to be taken:

1. Child presents with symptoms; parents are requested to collect child and seek diagnosis from GP or take further advice from NHS 111.
2. Child's parents are requested to inform setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Coronavirus, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and Coronavirus the setting must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the owner/trustees/directors and retain a confidential record.
4. Acting on the advice of the local HPT, the setting will either:
 - close for a set period and undertake a deep clean
 - carry on as usual but also undertake a deep clean
5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed Coronavirus should be treated as a notifiable disease.

6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced and staff are vigilant to any further signs of infection.
7. The manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

This policy was adopted by	Hafsa Ghaswala/Mariam Karim	<i>(name of provider)</i>
On	July 2020	<i>(date)</i>
Date to be reviewed	July 2021	<i>(date)</i>
Signed on behalf of the provider	<i>Hafsa Ghaswala</i>	
	<i>Mariam Karim</i>	
Name of signatory	Hafsa Ghaswala	
Role of signatory (e.g. chair, director or owner)	Manager/Owner	

Further information

- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
- Medication Administration Record (Pre-school Learning Alliance 2013)

HEALTH

6.3 Recording and reporting of accidents and incidents

(Including procedure for reporting to HSE, RIDDOR)

Policy statement

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are NOT regarded as incidents and there are separate procedures for this.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.4 The wider context	

Policy statement

We 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.

Procedures

Our accident book:

- is kept in a safe and secure place;
- is accessible to our and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - food poisoning affecting two or more children looked after on [our/my] premises
 - a serious accident or injury to, or serious illness of, a child in [our/my] care and the action [we/I] take in response
 - the death of a child in [our/my] care

- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in [our/my] care and [we/I] act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on [our/my] premises is reported to the local Environmental Health Department.
- [We/I] meet [our/my] legal requirements in respect of [the safety of our employees/my safety and the safety of my employees] and the public by complying with RIDDOR. [We/I] report to the Local Authority (LA). Please note that providers on school premises or domestic premises report to the Health and Safety Executive (HSE):
 - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
 - Any work-related accident leading to a specified injury to [one of our employees/me or one of my employees]. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to [one of our employees/me or one of my employees] which results in them being unable to work for seven consecutive days. All work-related injuries that lead to [one of our employees/me or one of my employees] being incapacitated for three or more days are recorded in our accident book.
 - When [one of our employees/I or one of my employees] suffers from a reportable occupational disease or illness as specified by the HSE.
 - Any death, of a child or adult, that occurs in connection with a work-related accident.
 - Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.
 - Information for reporting incidents to the Local Authority or Health and Safety Executive is provided in the *Accident Record* (Pre-school Learning Alliance 2017). Any dangerous occurrence is recorded in our incident book (see below).

Incident book

- [We/I] have ready access to telephone numbers for emergency services, including the local police. Where [we/I] are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where [we/I] rent premises [we/I] ensure [we/I] have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- [We/I] ensure that [our/my] staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, [we/I] report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, [our manager/I] risk assess[es] this situation and decide[s] if the premises are safe to receive children. [Our manager/I] may decide to offer a limited service or to close the setting.

- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, [we/I] follow the procedures in [our/my] Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, [we/I] ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- [We/I] keep an incident book for recording major incidents, including some of those that that are reportable to the Local Authority or Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or [our/my] setting's property
 - an intruder gaining unauthorised access to [our/my] premises
 - a fire, flood, gas leak or electrical failure
 - an attack on an adult or child on [our/my] premises or nearby
 - any racist incident involving families or [our staff/myself or my staff] on the setting's premises
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on [our/my] premises
 - the death of a child or adult
 - a terrorist attack, or threat of one
- In the incident book [we/I] record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the event of a terrorist attack, [we/I] follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. [Our/My] standard Fire Safety and Emergency Evacuation Policy will be followed [and our staff will take charge of their key children]. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on [our/my] premises, through cot death in the case of a baby for example, the emergency services are called and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Education Inspection Framework

- As required under the *Education Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

- The Health and Safety (Enforcing Authority) Regulations 1998

Further guidance

- Education Inspection Framework: Education, Skills and Early Years (Ofsted 2019)
- Early Years Inspection Handbook for Ofsted Registered Provision (Ofsted 2019)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor
- Accident Record (Pre-school Learning Alliance 2019)
- CIF Summary Record (Pre-school Learning Alliance 2016)
- Reportable Incident Record (Pre-school Learning Alliance 2015)

This policy was adopted at a meeting of	Kids Corner Nursery Ltd	name of setting
Held on	July 2020	(date)
Date to be reviewed	July 2021	(date)
Signed on behalf of the management committee	<i>Hafsa Ghaswala</i> <i>Mariam Karim</i>	
Name of signatory	Hafsa Ghaswala & Mariam Karim	
Role of signatory (e.g. chair/owner)	Owner/Manager	

Other useful Pre-school Learning Alliance publications

- Accident Record (2010)
- Incident Record (2009)



HEALTH

6.4 Nappy changing

Policy statement

No child is excluded from participating in our 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 make necessary adjustments to our bathroom provision and hygiene practice 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.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Policy statement

No child is excluded from participating in our 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 have a list of personalised changing times for the children in their care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child's attention.
- Each child has their own basket to hand with their nappies or pull ups and changing wipes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly 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 the 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. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are double 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].

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Name of signatory	Hafsa Ghaswala & Mariam Karim	
Role of signatory (e.g. chair/owner)	Owner/Manager	



HEALTH

6.5 Food and drink

Policy statement

This setting regards snack and meal times as an important part of the setting's day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials from NHS eat better stay healthy nutrition plan. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.1 Respecting each other 2.2 Parents as partners 2.4 Key person	3.2 Supporting every child 3.4 The wider context	4.4 Personal, social and emotional development

Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children with Allergies policy.)
- We record information about each child's dietary needs in her/his registration record and parents sign the record 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 up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all 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 plan menus in advance, involving children and parents in the planning.
- We display the menus of meals/snacks for the information of parents on our Website under Menu Tab.

- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings. We have been accredited NHS Good Nutrition For The Under 5s Award.
- We include a variety of foods from the four main food groups:
 - meat, fish and protein alternatives;
 - dairy foods;
 - grains, cereals and starch vegetables; and
 - fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff 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 organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- 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.
- In accordance with parents' wishes, we offer children arriving early in the morning - and/or staying late - an appropriate meal or snack.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we provide whole pasteurised milk.
- For each child under two, we provide parents with daily written information about feeding routines, intake and preferences.

Packed lunches

Where settings cannot provide cooked meals and 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;
- inform parents of our policy on healthy eating;
- inform parents of whether we have facilities to microwave cooked food brought from home;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts such as yoghurt or crème fraîche where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or diluted fresh fruit juice;
- 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;
- provide children, bringing packed lunches, with plates, cups and cutlery; and
- ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

Coronavirus Covid-19 updates

Where food is provided, in circumstances where there is shortage of food supplies, it may be necessary to ask parents to supply a packed lunch. The following procedures must be followed:

- Babies and toddlers' hands are washed prior to being given food or drink.
- Staff who are eating with the children must role-model hygiene best practice.
- Tables are never overcrowded during mealtimes. Some social distancing is encouraged even though it is acknowledged that children will play in close proximity for the rest of the session.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Further guidance

- Safer Food, Better Business (Food Standards Agency 2008)

This policy was adopted at a meeting of	Kids Corner Nursery Ltd	name of setting
Held on	July 2020	(date)
Date to be reviewed	July 2021	(date)

Signed on behalf of the management committee

Hafsa Ghaswala

Mariam Karim

Name of signatory

Hafsa Ghaswala & Mariam Karim

Role of signatory (e.g. chair/owner)

Owner/Manager

Other useful Pre-school Learning Alliance publications

- Nutritional Guidance for the Under Fives (Ed. 2010)
- The Early Years Essential Cookbook (2009)
- Healthy and Active Lifestyles for the Early Years (2012)

HEALTH

6.6 Food hygiene

(Including procedure for reporting food poisoning)

Policy statement

In our setting we provide and serve food for children on the following basis:

- Snacks.
- Meals.
- 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.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe		3.3 The learning environment 3.4 The wider context	

Procedures

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in *Safer Food Better Business*. The basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of *Safer Food Better Business*.
- At least one person has an in-date Food Hygiene Certificate.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See *Safer Food Better Business*.)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.

- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand washing and simple hygiene rules
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment such as blenders etc.

Reporting of food poisoning

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

Legal Framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Further guidance

- Safer Food Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of	Kids Corner Nursery Ltd	name of setting
Held on	July 2020	(date)
Date to be reviewed	July 2021	(date)
Signed on behalf of the management committee	<i>Hafsa Ghaswala</i> <i>Mariam Karim</i>	
Name of signatory	Hafsa Ghaswala & Mariam Karim	
Role of signatory (e.g. chair/owner)	Owner/Manager	



6.7 CORONAVIRUS (COVID-19)

Policy statement

Our setting will work to reduce the spread of coronavirus and ensure children, families and staff members' physical and mental wellbeing and health. We will achieve this by engaging with official guidance and taking safety precautions in accordance with advice from Public Health England and our Local Authority. These measures will aim to reduce the likelihood of infection amongst children, parents and staff members within the setting. We will also aim to minimise the impact of coronavirus on children and families' wellbeing by reflecting on managing emotional development into our taught curriculum.

Procedures

Safety and suitability of the premises

- In order to reduce the likelihood of coronavirus infections whenever possible we will avoid permitting outside visitors on our premises. In instances where parents or professionals absolutely must attend in person visits to the setting will be pre-planned in advance and conducted according to strict social distancing and hygiene measures.
- In accordance with Department for Education official guidance *Planning guide for early years and childcare settings* we will maintain spatial indoor regulations as follows : for children under 2 years there must be 3.5 m² per child ; for 2 year old children there must be 2.5 m² per child ; for children aged 3 to 5 years there must be 2.3 m² per child provided.
- In accordance with Department for Education official guidance *Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak* starting from 20th July we will return to our normal group sizes according to staff:child ratios. We will still consider ways to minimise mixing of groups within the setting, for example allocating different outdoor spaces for different age groups, using different rooms for different age groups and organising meal times for each age group separately.
- In accordance with Department for Education official guidance *Actions for early years and childcare providers during the coronavirus (COVID-19)* we will aim to maintaining consistency in groups whenever possible, eg each includes same children/ staff members in order to minimise the transmission of the virus.
- We will ensure that the premises are thoroughly ventilated, and appropriate room temperature is maintained at all times. This will be monitored through opening and close up checks, included in our daily risk assessment.
- In accordance with Department for Education official guidance *Coronavirus – implementing protective measures in education and childcare settings* we will provide appropriate hygiene facilities and encourage increased and frequent hand washing amongst both children and adults in the setting. We will also ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.
- In accordance with Public Health England official guidance *Covid-19: Cleaning in non-healthcare settings* we will increase daily cleaning of the premises – with specific focus given on high contact touch points (handles/ doors/ etc) .This will be monitored through opening and close up checks, included in our daily

risk assessment and by adopting of 'Systems of control' measures (as per Department for Education official guidance *Actions for early years and childcare providers during the coronavirus*).

'System of controls'

'The system of controls provides a set of principles and if settings follow this advice, they will effectively minimise risks. All elements of the system of controls are essential. All settings must cover them all, but the way different settings implement some of the requirements will differ based on their individual circumstances. Where something is essential for public health reasons, as advised by PHE, we have said 'must'. Where there is a legal requirement we have made that clear.' This is the set of actions early years settings must take. They are outlined in more detail below.

Prevention:

- 1) minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings
- 2) clean hands thoroughly more often than usual
- 3) ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
- 4) introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach
- 5) minimise contact between groups where possible
- 6) where necessary, wear appropriate personal protective equipment (PPE)

Numbers 1 to 4 must be in place in all settings, all the time.

Number 5 must be properly considered and settings must put in place measures that suit their particular circumstances.

Number 6 applies in all specific circumstances.

Response to any infection:

- 7) engage with the NHS Track and Trace process
- 8) manage confirmed cases of coronavirus (COVID-19) amongst the setting community
- 9) contain any outbreak by following local health protection team advice

Numbers 7 to 9 must be followed in every case where they are relevant.'

Local outbreak of COVID-19

In the event of a local outbreak of coronavirus (COVID-19), the government will take action to control the spread of the virus. As has occurred in Leicester, people in the affected area may be asked to stay at home as much as they can and not travel unless essential. Any providers who are affected by a local outbreak will receive specific guidance for their area. For providers in Leicester, guidance can be found at www.gov.uk/government/publications/local-lockdowns-guidance-for-education-and-childcare-settings.

Further guidance on COVID-19 related matters, can be found at www.eyalliance.org.uk/coronavirus-early-years.

Maintaining the safety of children and adults

- In accordance with government legislation and Department for Education official guidance *Coronavirus – implementing protective measures in education and childcare settings* we will encourage social distancing in the setting. This will be observed by 2m floor markers, installed on our premises. We will also limit contact between adults as much as possible by allocating the main entrance of the building as a child drop off/ collection point. We will further promote social distancing at collection/drop off by staggering starting and finishing times, offering sessional care and limiting the number of adults from the same household dropping off/collecting to maximum 2.
- To consider and account for potential changes in children and families' information we will be updating children's records, including information about health conditions/anyone in their household having health conditions or shielding. Additionally, we will consider other potential vulnerabilities such as being in foster care, having an Education and Health Care Plan or being supported by social workers and the Local authorities (*Supporting vulnerable children and young people through the coronavirus outbreak*).
- We will liaise with parents and update our records with up to date information about children taking medication (including Calpol) or having any illnesses or symptoms of coronavirus (now or in the past) prior to being re-admitted to the setting.
- We will promote children and adult's health by conducting daily temperature checks on arrival. We will also request daily information from both parents and staff about any newly developed symptoms associated with coronavirus and ask them to observe the appropriate self-isolating procedure accordingly (10 days from the onset of developed symptoms).
- In the case of a child becoming unwell with coronavirus symptoms whilst in our care we will immediately inform their parents/ emergency contact and request their prompt collection. Whilst awaiting collection the child would be cared for by a designated member of staff in a well-ventilated area, separate from the rest of the group in a calm, non- distressing manner in order to reduce any discomfort and impact on the child's emotional wellbeing.
- We would report any confirmed cases to the Local Authorities, DfE and Ofsted and follow the appropriate guidance on self isolation period and closure of setting.
- We will maintain and replenish sufficient provision of PPE for appropriate tasks, such as managing children's hygiene and self-care routines, clearing spillages, immediate care of with symptomatic individuals until collection (*Safe working in education, childcare and children's social care settings, including the use of PPE*).
- We will protect our staff members' physical health and mental wellbeing by conducting return to work interviews, highlighting vulnerable or shielding individuals or those with underlying health conditions, which may be at increased risk of infection. In accordance with Department for Education official guidance *Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak* we will strongly consider those characteristics and accommodate for them in our risk assessment, baring in mind that as of 1st August 2020 government advice on vulnerability states that individual shielding is no longer required and people who live with those who have comparatively increased risk from coronavirus (COVID-19) can attend their workplace safely when appropriate risk-assessments are in place.

- In accordance with Department for Education official guidance *Coronavirus – implementing protective measures in education and childcare settings* we will promote and observe social distancing between staff members in the setting, offering flexible working and staggered meal times and breaks. Furthermore, whenever possible we will aim to maintain the consistency of staff members in groups to limit unnecessary contact with both children and adults.

Curriculum delivery

- We recognise that for many children and families the current coronavirus outbreak has caused a lot of disruption to their usual routine and will work to reduce its strain on children’s emotional and mental wellbeing. A range of risk-assessed, developmentally appropriate activities around *personal, social and emotional development* will be planned to enable children’s transition to the setting, support their understanding and promote positive behaviour.
- We will continue to implement the *Early years Foundation Stage*, observing it’s guidance on adult: child ratios for safeguarding reasons. We will amend the daily planning and provision of resources according to the Department for Education official guidance *Planning guide for early years and childcare*. To reduce the likelihood of infection we will remove shared soft toys and materials; high contact malleable resources such as play dough, sand and water play. We will also discourage the shared use of toys and creative resources by ensuring sufficient stock. A daily sterilisation of resources will be conducted and observed through opening and close up checks, included in our daily risk assessment.
- The delivery of our curriculum will include increased focus on outdoor activities due to health benefits of outdoor play and reduced infection likelihood.
- To further reduce the likelihood of infection between children’s homes and the setting we will be limiting the number of resources (homework, book bags, etc) sent into homes limiting the number of personal belongings (such as toys, etc) brought into the setting.
- Our parent partnership will be enhanced by providing no contact opportunities for daily communication and feedback- via phone, email, and Tapestry.

Legal framework

- *Planning guide for early years and childcare settings* (DfE, 2020)
- *Coronavirus – implementing protective measures in education and childcare settings* (DfE, 2020)
- *Supporting vulnerable children and young people through the coronavirus outbreak-actions for educational providers and other partners* (DfE, 2020)
 - *Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak*

Further guidance

- *Covid-19: Cleaning in non-healthcare settings* (Public Health England, 2020)
- *Early Years Foundation Stage: coronavirus disapplications*

