

The Next Generation Nursery & Schoolies club Ltd

Health and Well-being policy and procedures

EYFS legal requirement: “The provider must promote the good health of the children attending the setting, They must have a procedure, discussed with parents for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill” Health, EYFS Statutory Framework Pages 21 - 23, Paragraphs 3.42 -

3.49

The following policy and procedure relates to the general topic of health and is split into 4 sub sections:

- Medication – including children’s medication, staff medication and administering medicines procedure
- Health eating – including allergies, intolerances and allergic reactions along with relating procedures (brushing teeth)
- Accident and injuries – including child, staff and parent/carer accident/injuries, report procedures and first aid
- Sick children and illness – including exclusion periods and procedures

Medication

When dealing with medicate of any kind in our nursery, strict guidelines will be followed. All medicines will be stored as required and as detailed on the bottle/box. Any medicines provided by the nursery will be dated on opening and will be stored correctly afterwards. Any medicines that required refrigeration must be stored within the kitchen fridge on the medicine shelf so that are not accessible by any children. Any medicines that require to be stored at room temperature will be stored within the medicine cupboard in the child’s room that is high up on the wall and away from children. All 4 rooms within the nursery have their own wall mounted medicine cabinet. All medicines must be within their original packaging to be accepted by nursery. All rooms will have a medicine reminder sheet displayed upon their wall whereby they can write the child’s initials and what time their dose is required.

Prescribed medication – We accept that children from time to time may need prescriptive medicines should they become ill or infected. Therefore, we as a setting can administer this with parental consent in place. Prescribed medicine can only be given to the child named on the bottle/box and only the stated dose will be given. Medicines should be presented at nursery with the original prescriptive label showing the child’s name, date of prescription and required dose. Without this our nursery reserves the right to refuse administration resulting in the child being excluded from nursery until clearly labelled medication is sought.

Prescribed medication will not be accepted without the parent/carer first filling in a medicine form along with the staff member. Details of the medicine and its purpose should be recorded along with dosage and the times the medication is needed. The time of the last dose should also be recorded upon this sheet if the medicine has already been administered that day. Parents must sign the form to give permission for the medicine to be given and will be asked to sign the form

again at the end of the day after doses have been administered. At the time of administration the most senior member of staff will offer the medicine to the child with another practitioner as her witness. (It must also be noted that staff are not legally obliged to administer medicines). Staff will not force a child to take any medication therefore if the child refuses and administering becomes a challenge then a note must be made and parents/carers must be made aware of this.

It is understandable that some children have skin conditions which need ongoing prescriptive creams as treatment, such as eczema. Nursery will again administer creams with written consent in place and with a prescriptive label present. A 'cream sheet' will be filled in by the parent/carer along with the practitioner to state amount, times and how the cream should be applied. Should the cream be for long-term use the parent/carer needed only to sign for the administration of the cream monthly but must sign daily for short-term creams.

Further to this prescriptive inhalers will be dealt with in the same way for children who have asthma and the inhaler is needed ongoing. Should a child be prescribed an inhaler for a short period of time then a daily parental permission signature should be sought.

Children at times can also develop allergies to food and if it is known that a child does have allergic reactions to certain types of food then prescribed antihistamine can be kept at nursery and administered if and when needed. A parental signature should be in place for the administration of this medicine in the form of a letter from the parent/carer stating that they give nursery permission to administer the medication at any time should the child begin to have an allergic reaction. Details of the child's allergies and a description of how the child reacts should also be obtained. Further to this, should a child be identified by a doctor as a child that could go into anaphylaxis shock from certain foods/substances/materials then an epi-pen can be accepted by nursery. This must be presented to nursery within a labelled Tupperware type box with a description of how it is to be used, a list of the child's allergies and emergency contact details for parents/carers. Again parent/carer permission to administer should also be present within this box. Also, should a parent wish for nursery to store an epi-pen for such reactions then the parents themselves must provide all nursery practitioners with training on how to use their child's specific 'pen'.

None-prescribed medicine – As it is now acceptable and advised to present children to a pharmacist for minor ailments, saving on unnecessary GP appointments, it is understandable that at times children may require non-prescribed medicines such as paracetamol, ibuprofen, eye drops, nappy creams and teething gels. We will accept and administer non-prescribed medicines for a maximum of three days. Should no improvement be seen after this then medical advice should be sought. Nursery reserves the right to refuse to accept the child into the nursery should they feel that the child is not well enough attend (see section on sick children and illnesses). If a child does require any medicine then this should be provided by the parent in its original packaging with the label intact. All non-prescribed medicines will only be given with parent/carer written permission in the form of a signed medicine sheet/cream sheet/inhaler record. Nursery will store such medicines according to their label.

Nursery will supply paracetamol that can be used in situations whereby a child develops a fever and has not had paracetamol provided by a parent/carer. The parent/carer should be contacted by telephone previous to the administration of medicine. Should a parent/carer not be contacted medicine will be given providing the child has been within the setting for the last 4 hours, ensuring that any previous doses have been given enough time. Every effort will be made to contact a parent or carer using all telephone numbers on the child's application form should they not have been at the setting for 4 hours. As part of the admission process to the nursery, parents/carers will sign a consent form saying that paracetamol can be given without telephone consent should a parent not be contactable. Nursery will also provide a basic nappy care cream and teething gel should a child develop a nappy rash/teething problems whilst at nursery and they have not been provided with any cream/gel by their parent/carer.

Injections, pessaries and suppositories – As the administration of such medicines represents intrusive care they should not be administered by any member of staff. Should this be detrimental to providing appropriate care of a child then the nursery will consult Ofsted regarding the situation. (For the use of epi-pens refer to the prescribed medication section and the allergies section of this policy)

Staff medication – As stated in the EYFS statutory framework “Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member’s ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times”. 3.19

Should any practitioner be suffering from any illness and require medication they should alert the manager to this and must have previously sought advice from their GP regarding their ability to care for children when taking such medicines. Should the staff members GP advise that their medication may make them unable to care for children effectively then the decision will be made by the manager whether to give that staff member work to do away from the children (office based) if this is not possible/feasible then the practitioner should take time away from the setting until they are well enough to return to work and effectively care for children.

All staff medicines should be stored as per label. Any room temperature medicines that do not need refrigeration will either continue to be stored along with the staff member’s personal belongings within the staff room or can alternatively be stored in the locked filing cabinet so that it is not easily accessible to other staff and inaccessible to children. Any medicines that require refrigeration should be stored in the staffroom fridge so that they do not interfere with the storage of children’s medicines within the nursery kitchen fridge. All staff medicines will be self-administered within the staffroom area and no medicines will be taken up into any of the rooms where children can be present. Staff must ensure they do not store any medicines within coat pockets that they may use during outdoor play to ensure the safety of children at all times.

Storage – All children’s room temperature medicines such as paracetamol, ibuprofen, teething gels, EpiPens, antihistamine etc will be stored within the medicine cupboard in the room of which the child attends. Any nappy creams and skin creams that do not require refrigeration can be stored near the nappy changing benches for easy practitioner access providing they remain inaccessible to all children. Any children’s medicines that require refrigeration will be stored in the nursery kitchen fridge on the medicine shelf. All children’s medicines must be clearly labelled with the child’s name. Any medicines/creams/gels belonging to the nursery must have the date on which they were opened recorded.

All staff medication must remain down within the staffroom and away from others. The staffroom fridge can be used for medicines that require refrigeration. Staff medication **MUST NOT** be stored alongside any children’s medicines.

Procedure for administering prescription and non-prescription medicines

Written parental consent must be present before administering any medicines to children

The following procedure will be followed for all medicines of liquid form, powder form, inhalers, drops, gels and creams. Ensuring that the correct medication form is filled in depending on what is being administered.

1. Details must be filled in on the corresponding medication form by the staff member in the presence of the parents/carer. This will clearly state the child's name, the name of the medication and its purpose, the dosage required and at what times, the way the medicine needs to be stored and the time the medicine was last given. The parent/carer should then sign the form to say that they give permission for the medicine to be given.
2. A reminder should then be written by the practitioner on the correct room's medicine reminder sheet and a note should be written within the message book belonging to the child's room so that other practitioners are all aware of the administration needed.
3. At the time the medicine is required the medicine should be collected by a practitioner along with a medicine spoon or syringe if required, ensuring that they have taken the correct child's medication from the fridge/cupboard. This should then be double checked by a witness. Practitioners should ensure that any liquid medicines are poured with care and the label points upwards and away from any drips that could cause spoilage to the medicine label and instructions. Before measuring out any medicine the dosage should be double checked on the child's medicine form and collated with what is stated on the label. (prescription and non-prescription) Practitioners must ensure that they follow any administration instructions on any medicines unless there is a doctor's note in place with how such medicines should be given to a specific child.
4. Medication is to be administered by the most senior member of staff within the room at the time the dose is required which must be witnessed by another member of staff. (This does not need apply for nappy creams and long term use of skin creams).
5. Both staff members must then sign the child's medicine sheet, one as the administrator and one as the witness. This will be repeated for each dose required across the day.
6. Finally the child's medicine sheet should be signed by a parent/carer on collection for their child.

Should a child become ill during the day whilst at nursery then steps one and two can be skipped and the parent/carer can be contacted via telephone for permission to administer medicine. This should then still be recorded onto the child's medicine form and the rest of the above procedure should be followed.

Healthy eating

Research indicates that the North West has a very high incidence of both heart disease and tooth decay. This is no coincidence! It also indicates that 'a diet that is good for your teeth is also good for a healthy body'.

Children do not have an inborn ability to select a balanced and nutritious diet, but increasing the variety of available foods should increase the number of different foods chosen. As children get older they are generally willing to eat a wider variety of foods, and snacks become an increasingly important source of energy and nutrients. Children who are consistently exposed to sweets tastes may reject other tastes and similarly children can become used to very salty food and not appreciate more subtle flavours. Diets that are not varied are often particularly low in fruit and vegetables. The Next Generation nursery strive on its achievements of 'Healthy business award' and 'Healthy Early Years setting status' as well as being a member of the 'stop the rot' campaign.

With this, and the Government's recommended 5 portions a day in mind, we consider it our social responsibility to promote healthy eating & habits from an early age. Mealtimes should be a happy, social occasion for staff and children alike. Positive interactions should be shared at these times and enjoyed. The Next generation nursery is committed to offering children healthy, nutritious and balanced meals and snacks which also meet individual needs and requirements. Our menus run on a 4 weekly basis and are displayed in the reception and on the notice boards throughout the nursery. Individual details of how each child has eaten each day is recorded for parents to read. Any child with special dietary needs other than the vegetarian option detailed on the menus will be catered for in accordance with parent's wishes.

Our nursery menu offers a hot breakfast of toast with jams and spreads, porridges and Weetabix for younger babies, snacks of salad vegetables or breadsticks, a hot meal at lunch including casseroles, pasta dishes and more and a snack tea of range of things from sandwiches to crumpets and pizza. Children are given a pudding after each meal in the form of fruit, yoghurts, custard and ice-cream in accordance to the weekly menu. Children are offered milk or water with breakfast and again at snack times. Children are provided with water at mealtimes and throughout the day. Water is continually available to all.

No salt is added to any meal during preparation or afterwards. Menus also reflect cultural diversity and variation.

Staff will set a good example and support health and self-care skills by eating with the children at mealtimes showing good table manners and etiquette. Meal and snack times will be organised so that they are a social occasion in which children and staff both participate in supporting the progression of independence and self-help skills.

During mealtimes children will be encouraged to use manners and say 'please' and 'thank you' and conversation will be encouraged.

Staff will further support and promote independence by giving children choices, allowing them to self-serve food and drink and encourage feeding themselves.

We will provide children with foods of familiarity but will also introduce new foods to children in respect of the varying eating habits of different cultures.

Any child that shows any distress at being faced with a meal he/she does not seem to like will be positively encouraged to try but the food should be taken away without any fuss should the child continue to refuse. If a child does not finish their first course they will continue to be offered a small helping of pudding/dessert. Staff will not withhold any food from a child but will continue to be supportive of eating a balanced diet. Children who refuse food altogether at mealtimes will be offered their food again later in the day.

Children who are slower eaters will be given time and not rushed and the quantity of food and portion size will take into account the ages of the children. No child will be forced to finish their full plate of food.

We will promote a positive attitude to healthy eating through play opportunities, discussions and targeted teaching experiences.

Intolerances and allergies - Individual dietary requirements will be respected. Information will be gathered from parent/carers regarding their children's dietary needs including any allergies. Where appropriate a risk assessment can be carried out in the case of any allergies and we will work alongside parents to put in place an individual diet plan for the child. Whether this be continual alternatives provided by us or by the family each day when necessary. Staff will show sensitivity in providing for children's diets and allergies. They will not use a child's diet or allergy as a label for the child, or make a child feel singled out because of his/her differences in diet.

Dependent upon the allergies the child has the manager will unpick nursery menus to determine which foods the child can have with the support of the parent/carer. Nursery will endeavour to provide children with allergies with an alternate to nursery meals that mirrors the food being served to the rest of the children so that the child continues to feel included and isn't singled out. If a parent/carer wishes to do so they may provide these meals for their child on a daily basis providing they adhere to our nursery healthy eating guidelines/policy and they aim to provide the child with a meal of similarity to what is on offer at nursery. Any alternative dinners made by our kitchen staff will be made separately and away from other foods in the kitchen to prevent cross-contamination of any allergens. Details of any dietary requirements will be available to the nursery cook and will be displayed within the kitchen for all to follow and be aware of.

Safe preparation of food – All staff will access food hygiene training as part of their ongoing training process which is explained at induction. Further to this practitioners will be assigned online courses to refresh knowledge on such matters. There is a kitchen manual in place that can be followed by all staff which houses a recipe and procedure for each meal provided.

Food will be stored safely in accordance to its label and will meet the recommendations of the Environmental Health department with regards to refrigeration and storage. Food will only be prepared in line with nursery procedures which can be found within the kitchen manual. There are separate areas within the kitchen for food preparation and this supports the recommendations set out by EHD.

Any cultural or religious practices with regards to food washing and preparation will be respected and carried through.

Staff are reminded of good hygiene practices when preparing food and are reminded when following the kitchen manual to prepare foods/meals. Hand washing posters are placed above the hand washing sink in the kitchen. Staff wear provided PPE when in the kitchen and working with foods.

All hot foods prepared will be probed and temperatures will be recorded daily in our 'Safer foods, Better business' file. Any foods that are reheated will also be probed to ensure they have reached a minimum temperature of 75 degrees to ensure safe consumption.

All hot foods that need to be transported from the kitchen must be done so on the trolley provided. At times it is acceptable when transporting small amounts of food that a tray can be used providing that no open top hot liquids need to be transported, in this instance, the trolley should again be used.

Food for babies may at times need to be blended using the hand blender. Also some babies may require the sterilisation of bowls, spoons etc and this should be co-ordinated by the staff within the

baby room to ensure that the cook has the equipment ready for such babies. The cold water steriliser can be housed in the kitchen and its procedure should be followed.

Should an event ever occur whereby children become sick and affected by food poisoning (more than 2 children are affected) then the manager would make it her aim to determine how the contamination has occurred in consulting with the cook. Parents/carers will be notified with immediate effect via telephone followed up in the form of a written letter. Ofsted will also be made aware via telephone and nursery will follow any advice given.

Brushing teeth

As well as providing children with a balanced and varied diet it is also just as important to care for teeth. We are a tooth friendly nursery and are members of the 'Stop the Rot' campaign.

It is our intention that our policy and practises will lead the children in our care to have good healthy eating habits making naturally healthy choices now and later in life. Teeth cleaning and oral hygiene should also become part of their lives.

Nursery will provide children with the opportunity to brush their teeth early in the afternoon before snack time. Teeth will be brushed before eating and drinking and practitioners will ensure that there has been a minimum of 40 minutes since the child last ate before allowing them to brush their teeth in order to further protect their enamel.

Teeth brushing will again be treated as a social occasion whereby children can be supportive of each other and it will take place in group form led by an adult.

Each child has their own labelled toothbrush which is initially provided by nursery and kept in a specific storage rack away from the reach of children. These storage systems have lids that will be used to ensure brushes remain clean. Nursery also provides toothpaste that meets the recommended sodium fluoride content of a minimum of 1450ppm. Staff will use a plate to squeeze a number of pea-sized portions of toothpaste onto so that toothbrushes do not need to touch the toothpaste tube and therefore cross infection can be avoided.

No child will be forced to brush their teeth and children must be left to brush their teeth independently. Staff members will not brush a child's teeth as it is seen as intrusive care. Children will be encouraged to spit out remains of toothpaste and will be prevented from rinsing out their mouths to ensure good teeth brushing practice. On admission to the nursery each child's parent/carer will sign a consent form giving permission for their child to brush their teeth at nursery.

Procedure for brushing teeth

Parent/Carer consent must be obtained in written form on admission to nursery

1. The practitioner co-ordinating teeth brushing will collect the toothbrush racks from their stored place, along with a 'toothpaste plate'
2. The practitioner should count the number of children who are going to be brushing their teeth and squeeze out a pea-sized amount of toothpaste for each child onto the plate ensuring that they are spread out.
3. The practitioner should take out the children's brushes one by one scooping up a 'portion' of toothpaste from the plate and hand it to the correct child using its label.
4. Children are encouraged to brush their teeth for 2 minutes.
5. Children are then supported in spitting out toothpaste remains into the sink
6. Brushes are then rinsed one by one under the tap and should be prevented from touching. Preschool children wash their own brushes in the sink and are encouraged not to put them back into their mouths.
7. Brushes are then relocated back into their correct holder/rack
8. Toothbrushes are given a 5 minute time slot to dry out before the lid is replaced to prevent contamination
9. The toothbrush racks should then be placed out of reach of the children

Accidents and Injuries

First aid and qualified staff -

All staff undertake either Paediatric and / or First Aid at Work. NVQ students as part of their formal training and other staff certificates are renewed every 3 years.

At present, Mandy Hickey and Kerri Jackson are our designated first aiders and both hold a 'First Aid at Work' qualification. All other practitioners are paediatric first aid trained.

If an incident occurs the nearest / first on the scene will attend to the child using the knowledge gained on their first aid training. If injury occurs to an adult the first person will use the appropriate first aid technique until the designated First Aider arrives (is sent for / needed).

As all staff are paediatric first aid trained there will always be first aiders present on trips and outings.

When a child related accident/incident has been dealt with the details will be completed on a child accident form which is to be witnessed by another practitioner and all details of the incident must be recorded in pen (details of injury, how it occurred, how it was treated etc) This is then signed by a parent/carer on collection of their child. Parents/carers will be contacted via telephone in the meantime if deemed necessary dependent upon the injury/incident.

In some cases, again dependent upon the injury, we may advise that a child is to be seen by a medical professional therefore parents/carers will be contacted to come and collect their child from nursery.

When the accident has occurred to one of our staff members or a parent/carer this will then be logged into the accident book located in the office by management.

The First Aider who dealt with the accident will report any used items to **Joanna Robinson** who oversees the stocking of all items and will replace the used items. Joanna will check all first aid kits on an ongoing basis but with an aim to check all items and use by dates each term.

Minor accidents and injuries –

In the event of a minor accident occurring the practitioner present and closest to the child at the time should deal with the situation in a calm orderly manner ensuring that the child feels comforted and safe. Should an injury present any blood then the practitioner should make it their responsibility to wear gloves and an apron before dealing with the injury. Any minor open cuts and wounds should be cleaned using an anti-septic wipe and dressed with a plaster to prevent any contamination or spread of bacteria. At times, as a result of outdoor play wounds and minor cuts may need to be held under running tap water to effectively clean the cut of any foreign objects such as grit and soil. The wound should then still be cleaned with an anti-septic wipe and dressed with a plaster or appropriate bandage. Children may also at times take a bump which needs to be treated with a cold compress for several minutes to prevent any swelling. There are two children's cool packs kept in the kitchen fridge that can be accessed and used or the practitioner may simply use a cold compress in the form of a wet facecloth to act as a cooling agent. Any items that blood has presented on should be wrapped up in a nappy sack and either disposed of or passed back to parents/carers at the end of the day should it be an item of clothing. These must remain out of the reach of others. Once the minor accident/injury has been dealt with the practitioner who dealt with the situation and gave treatment should fill in an accident form for the child. This should be signed by the practitioner and a witness. It should detail the date, the child's name, how the accident occurred, the injury caused, the time of the injury, how it was treated, who by and who witnessed.

There is also a section on accident forms for management to fill in regarding whether any changes need to be made to any risk assessments as a result of this accident. The parent/carer will be presented with this at the end of the day which they must read and sign. This should then be filed accordingly in the child's accident wallet. At times there will be injuries that parents should be informed of at the time it happened as opposed to waiting until the end of the day, such as a knock to the head, trapping of fingers etc. There will also be times when minor accidents and injuries may require medical treatment or benefit from being seen by a medical professional. In this case, parents/carers will be contacted once all of the above has been carried through so that medical attention can be co-ordinated. Any injuries that do require medical attention AND therefore receive treatment must be reported to RIDDOR.

Major accident/injuries –

On admission to nursery parents/carers sign a consent form giving nursery the permission to present a child to hospital should they need to in the event of an emergency situation. Parents/carers will be made aware that every effort will also have been made to contact them in such situations. These signed permission forms are then kept within the child's alongside their 'All about me' forms.

In the event of a major accident/incident occurring that the practitioner present should assess the situation and begin first aid treatment as far as reasonably possible. The emergency services at this point should be contacted by another practitioner witnessing the incident/accident so that the first aider can continue to support the injured child. When the situation is as controlled as it can be then the child's parents/carers will be contacted in a calm and supportive manner. The practitioner must explain the situation and advise that the parent/carer meets the child and practitioner at the hospital.

The most senior member of staff available who WAS present at the time of the child's accident and was present to witness treatment at nursery (should it not be the first aider themselves) should accompany them to the hospital, taking with them the child's application form. This staff member must remain professional at all times in accompanying the child to the hospital, being mindful of an operating nurseries policies and procedures in doing so.

The accident/incident must then be written up onto an accident/incident form by another practitioner, to the best of their ability, in support of the staff member that has gone along with the child to the hospital. This can then be filled in further by the member of staff who performed first aid/witnessed the whole incident once they have returned from the hospital. A further more detailed report may need to be written up.

Nursery will also notify OFSTED of any major accident/incident and will follow advice given. The accident/incident will also be reported and logged with RIDDOR. Any advice given will be reflected upon.

Further to this and depending upon the cause of the accident/injury nursery will work to amend any risk assessments to reflect this.

Illnesses and sick children

Any children suffering from an unidentified rash, discharge from the eyes or ears, diarrhoea, vomiting or a sore throat should be kept away from Nursery until a Doctor has certified that the child is not contagious / infectious and is fit to attend Nursery.

Should a child become sick at Nursery every effort will be made to contact the parents to take any necessary action. (Please ensure contact numbers are kept up to date.) The sick child will be cared for in the most appropriate way and location whilst awaiting collection by their carer, this may include removing the child into another room with a staff member and away from other children.

We allow for 3 loose bowel movements to occur before deeming this as diarrhoea and contacting the child's parents/carers. Children with diarrhoea must be 48 hours clear before returning to nursery. We accept that at times babies may vomit due to a fast feed or through coughing whilst feeding. The practitioners present will have the responsibility in making the decision as to whether this child is unwell by referring to their behaviour and wellness across the day before vomiting. Should they feel that the child is actually unwell then every effort will be made to contact parents/carers to come and collect the child. Should a child within the setting vomit then they will be sent home and must be clear of sickness for 48 hours before returning to nursery. Meaning that if a child is sick during the day at nursery and is sent home they cannot attend for the following 2 days. This applies also to diarrhoea.

At times children develop rashes whilst at nursery which must then be checked by a medical professional to determine what the rash is, whether it is contagious and whether a child is to be excluded from nursery. Parents/carers will be contacted to come and collect their child should a rash/spots appear. Nursery will advise parents/carers that until the rash has been seen then the child cannot return to nursery. However should the child be seen medically and deemed fit to come to nursery and the rash is not contagious then the child can return with immediate effect and does not need to be kept away from the setting. Should the rash be identified to be a contagious illness then we expect parents/carers to inform the nursery of this so that every effort can be made to prevent further infection to others within the setting, in the form of a deep clean.

The 'Guidance for Infection Control in Schools & other Child Care Settings' poster, produced by the Health Protection Agency, will be consulted for advice with regard to exclusion times for Infectious diseases.

At times, depending upon the found illness/infection all parents/carers may need to be informed in the form of a letter to make them aware of the illness and how it is spread, explaining that a child who attends the setting has been diagnosed with this. So that parents can be more vigilant to its signs and symptoms. Further to this, any notifiable diseases or illnesses must be reported to OFSTED by the nursery manager and any large outbreaks of illnesses and infections will be reported to the Public Health Agency. (Notifiable diseases such as Measles, Acute meningitis, Diphtheria, Mumps, Meningococcal septicaemia, Smallpox, Tetanus, Tuberculosis, whooping cough as well as food poisoning affecting more than 2 children)

The above also applies should a child become ill with discharge from the eyes, ears or seem to have a sore throat. Parents/carers will be contacted to get the child seen by a medical professional before they can return to nursery. Once children are being treated should they need they can return to nursery where nursery will continue to administer doses required. However nursery reserves the

right to deem a child unfit to attend at any point should they feel that the child isn't well enough to be in nursery and would benefit from being cared for at home.

In case of children with a high temperature e.g. 101 degrees a member of staff will contact parents to inform them and obtain permission to administer paracetamol. If no contact can be made, medication will be administered in accordance with the permission slips. However, if the child's temperature has not lowered within $\frac{1}{2}$ hour parents will be requested to collect their child.

Children are to be collected immediately if temperature reads 102 degrees or above.

We do accept that from time to time children may need medication. Please refer to the medication section of this policy.

Any medication administered at nursery must be recorded on the child's medication form which is to be stored in the child's allocate section of the medicine file within that child's room. Once a child has left our setting or moved onto school, all medical records will be discarded of appropriately.

Long term illnesses -

We do accept that unfortunately some children suffer from long term illnesses and chronic medical conditions such as anaphylaxis, epilepsy, asthma, diabetes and eczema. In these cases children will be accepted into nursery and no child will be discriminated against due to their medical needs. In cases of asthma and eczema medications/creams will be administered in accordance to the medication section of this policy and will be recorded as stated within this section. All details of such medical conditions will be obtained on entry to the provision and will be recorded on the child's all about me form filled in by their parent/carer.

With regards to children who have allergies resulting in anaphylaxis we require that parents/carers give as much information around the child as possible and come in to train staff in how to use their child's adrenaline pen and when it is to be used. Nursery will then follow its procedures as stated in the medication section of this policy.

Some children may present with other long term medical conditions such as epilepsy, diabetes or other illnesses which require continual medical care whilst the child is within the setting. In these cases the SENCo will take the lead and a care plan will need to be put into place. In such cases nursery will require the parents/carers to sign a consent form giving us permission to involve the Early Learning and Childcare team who can support us in meeting the child's care needs. Nursery will endeavour to work in partnership with parents, carers and health professionals to meet the needs of the child.

Policy written 5/11/2016 Z.Morgan Next review due 5/11/2017

Policy reviews	By	Next review due

