Health and Hygiene Policy & Procedures

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Setting Manager **Deputy Manager**	Bobby Pearson Emily Corfield
Family Front Door Worcestershire Children First: includes Children's Social Care, Education, Early Help and Fostering	• **01905 822666** Weekdays 9.00 to 5.00pm (4.30 Fridays) • **01905 768020** (evenings and weekends)
Police	Call **999** in an emergency, e.g., when a crime is in progress, when there is danger to life or when violence is being used or threatened. For less urgent issues call local police on **101** .
Ofsted	0300 123 1231 Contact Us | Ofsted Parent View
Worcestershire Children First	**Early Years and Childcare** 01905 844048 EYCC@worcschildrenfirst.org.uk Contact us Information - Worcestershire Children First Education Services
Community Social Workers	How to contact Children's Social Care | How to contact Children's Social Care | Worcestershire County Council
Local Authority Designated Officer	01905 846221 (or via the FFD)
Date of last review	**January 2021**
Policy adopted by Pinvin Community Preschool committee	**January 2021**
Pinvin Community Preschool current Policies and Procedures: Safeguarding and Child Protection; Health and Hygiene; Safety and Suitability of Premises; Environment and Equipment; Suitable People; Information and Records (including GDPR); Self-regulation in the Early Years; Equality and Diversity; SEND in the Early Years; The Role of the Early Years Educator; Covid-19 Response.	

CONTENT

Infection, Prevention and Control

When babies and young children first enter childcare establishments, they may have relatively low states of immunity as they have not previously been exposed to specific germs. This can also be the case for new staff coming into the early year's sector and working with children for the first time.

Once in the setting exposure to an increased number of childhood infections and other infectious diseases is inevitable. Shared resources, and the close proximity in which children play can elevate the risk of infection and so it is important we have strict guidelines to adhere to, which minimise this risk.

The Statutory Framework for the Early Years Foundation Stage (2017) states; 3.44. 'the provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, 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'.

Promoting good health and hygiene

One of the most effective ways to prevent infection is through good hand and respiratory hygiene. Early years educators have a duty to teach children how to wash their hands effectively and to follow the catch it, bin it, kill it campaign.

The recent COVID-19 pandemic has highlighted the importance of good hand and respiratory hygiene. We recognise this as a life skill and are committed to promoting this throughout the setting as everyday practice;

- ✓ On arrival to the setting both employees, visitors and children **MUST** wash their hands immediately.
- ✓ Employees must encourage good hand and respiratory hygiene throughout the setting, supervising all handwashing.
- ✓ Employees to be reminded on a regular basis to wash their hands for 20 seconds with water and liquid soap and the importance of proper drying with disposable towels.
- ✓ Snuffle stations available inside to teach children good respiratory hygiene. We will teach them to catch coughs and sneezes in tissues and to avoid touching face, eyes, nose or mouth with unclean hands. Tissues and bins to dispose of these will be made available throughout the setting.

Effective handwashing should be completed when;

- ✓ Hands are obviously unclean
- ✓ On arrival and departure to the setting
- ✓ Handling food
- ✓ Giving medication/first aid
- ✓ In contact with bodily fluids
- ✓ Supporting toileting, even when wearing gloves
- ✓ Supporting personal hygiene i.e. wiping noses
- ✓ Completing a cleaning procedure
- ✓ Handling animals
- ✓ Returning from outdoor play
- ✓ Removing single use gloves

Alcohol-based hand cleaners are available as an extra precaution but only to be used after hands have been thoroughly washed with soap and water. Educators should aim to keep their nails short and clean. False nails should not be worn because they can harbour germs and may come off without being noticed, which could potentially contaminate food or become a choking hazard for young babies.

Responding to children or adults who are ill or infectious

Many infections are contagious before any obvious symptoms appear and so infections can spread quickly through both children and adults. It is therefore important that the setting responds quickly when children or adults become ill or infectious.

All parents are issued with the leaflet 'Guide to Illnesses and Immunisations' on registration with the setting **(appendices 1).** This has been designed to be parent friendly, and gives an introduction to common illnesses, the signs and symptoms of these, exclusion periods, and important information on immunisation including the schedule for these. In the setting we use the Public Health England's 'Spotty Book' which holds more detailed information on infectious diseases. https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2019/09/spotty-book-2019-.pdf

The pre-school setting is not able to manage 'sick' children and if children are infectious or feeling unwell, they should be at home.

Procedures for children who are sick or infectious
If children appear unwell during the day – have a temperature of above 37.8C or below 36C, sickness, diarrhoea or pains, particularly in the head or stomach – the senior leader calls the parents and asks them to collect the child.
A temperature log is kept and the child's temperature taken every 5 minutes. If the temperature continues to rise the senior leader would then call an ambulance.
The child is kept comfortable away from other children and reassured by a familiar adult.
Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
After a bout of sickness or diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.

Exclusion periods

Even when children seem well in themselves, they may still be infectious so it is vitally important that parents follow the exclusion periods stated in the 'Guide to Illnesses and Immunisations' leaflet and follow advice from their GP. The pre-school reserves the right to send children home if they believe the child to still be unwell.

Monitoring Infectious diseases

An outbreak of an infectious disease is when two or more cases occur around the same time in either children or staff. In some cases, a single incidence such as Coronavirus or Meningitis would be considered an outbreak due to its severity and risk to others.

When children or adults become unwell with an infectious disease the setting will inform parents of these outbreaks so they can be alert to symptoms. By informing parents we are ensuring those who may be more vulnerable to infection i.e. those undergoing treatment or pregnancy are aware of the risk. If parents are worried about their child's health at any time, we strongly advise they contact their GP to seek an official diagnosis.

Notifiable Diseases

Some diseases are legally required to be notified to the government authorities so that appropriate actions can be taken to minimise the spread and impact of the disease. Notification must be completed by a medical practitioner. More details on notifiable diseases can be found on the Public Health England's website; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820133/PHE_Notifiable_diseases_poster_HPT.pdf **(appendices 2)** Although it is not the settings responsibility to report notifiable diseases, if a child who attends the setting has a confirmed diagnosis of a notifiable disease, the setting manager should contact their local Health Protection Team for further advice and guidance. Ofsted should also be informed within 14 days.

PHE West Midlands West Health Protection Team,
2nd Floor, Kidderminster Library, Market Street, Kidderminster, DY10 1AB
Phone: 0344 225 3560

Sickness and Diarrhoea outbreaks

Where there are repeated outbreaks of diarrhoea and vomiting a local environmental health officer may want to review the settings hygiene procedures and the food hygiene arrangements. They have the power to order a deep clean of the setting which may mean closure to break the chain of infection.

Cleaning Routines

Cleaning is scheduled throughout the day to minimise the spread of infection. A member of the team will be responsible daily to help ensure surfaces, resources and equipment are regularly sanitised and this is documented in the correct way.

- ✓ Toilets, and places with high volumes of touch i.e. doors, light switches, office equipment are disinfected regularly through the day. A more thorough clean is then completed at the end of the day. This is documented **(appendices 3)**
- ✓ Resources are disinfected and put away at the end of each day so each day starts with a clear and clean canvas. This is documented **(appendices 4)**
- ✓ Damaged items are reported through the daily risk assessment so they can be replaced, as germs harbour on damaged or scratched services. Toys that are showing wear and tear would be replaced.
- ✓ Disinfectants cannot kill germs if the surface is not cleaned first and free from soiling. Hot soapy water is used first with the cleanest area cleaned first working towards the dirtiest area. We then disinfect using a single use cloth which is then disposed of.
- ✓ We use colour coding to support effective cleaning i.e. red mop for bodily spillages and different coloured disposable jay cloths for different areas.
- ✓ Sensory resources are disposed of at the end of each session.
- ✓ Sand is replaced every half term or when visibly dirty.
- ✓ If infection rates increase, we would review our cleaning procedures to ensure we are doing all we can to combat infection.
- ✓ If advised to by our local health protection team we would employ a company to complete a deep clean which includes the cleaning of carpets, curtains and all surfaces including walls.

Cleaning Products

We get our cleaning supplies from TTB Supplies who sell cleaning products specifically to education and childcare settings.

	**Safe Zone Plus** Virucidal Disinfectant Kills Norovirus, Influenza, MRSA & C.		**Esteem sanitiser** Ready to use formulation, kills bacteria and cleans in one application
Sanitizers reduce the number of germs on a surface whereas disinfectants kill most of them. Sanitisers usually work faster than disinfectants, which can take up to 10 minutes to kill germs. For disinfectants to work effectively surfaces need cleaning with hot soapy water first. During infection outbreaks we would use disinfectant after cleaning with hot soapy water.			

Cleaning Bodily Fluids

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 therefore very important in preventing infection and should be followed when dealing with both children and adults.

When cleaning bodily fluid spillages, the area should be isolated.
Disposable gloves and aprons should be worn and disposed of afterwards by double bagging and being placed in the outside bin immediately.
Single-use disposable gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
Protective rubber gloves are used for cleaning/sluicing clothing after changing.
Soiled clothing is rinsed and double bagged for parents to collect.
Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and red mop and bucket; any cloths used are disposed of by double bagging and placing in the outdoor bin immediately. The mop will be disinfected after use.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant and disposable paper roll which should be double bagged and paced in the outside bin immediately.
Report the incident/accident in the normal way
Spillages of hazardous materials are to be dealt with in accordance with the material safety data sheets which are stored in our Public Health and COSHH file in the office. Further guidance can be found on the HSE website.

Personal Protective Equipment

We supply all employees with PPE for when carrying out tasks such as toileting, nappy changing or cleaning up bodily fluids. PPE is designed to be single use only and includes disposable gloves and aprons. When used appropriately PPE protects staff from germs and splashing, it also protects children from contamination from staff clothing.

Additional PPE will be held on the premises in times of increased risks of infection i.e. the coronavirus pandemic. Please see Covid-19 Response policy regarding this.

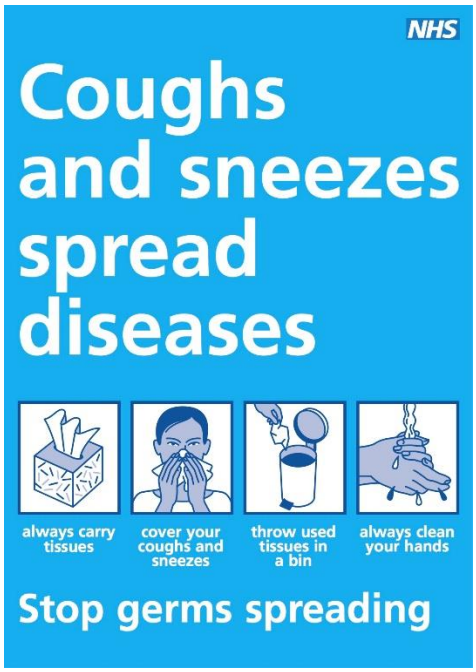
Vaccination and Immunisation

Vaccines are the most effective way to prevent infectious diseases and all babies will begin their immunisation program from the age of 2 months old. Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once your immune system knows how to fight a disease, it can often protect you for many years.

Children who are not immunised against the common childhood infections maybe classed as vulnerable and could become seriously ill from disease. It is important that parents communicate whether the child had been immunised so we can identify those most vulnerable in the case of an outbreak. A record of immunisations will be kept on the child's file. Other vulnerable people i.e. those having cancer or leukaemia treatments or taking high dosages of steroids would also need to be informed of any infectious diseases, along with women who are of child bearing age or pregnant.

Responsibilities

Every member of staff has a duty to contribute to infection control measures, including cleaning schedules, the use of PPE and ensuring that they follow exclusion times when they are poorly themselves.



All employees are requested to complete an on-line training course through their Educare account. 'Infection, Prevention and Control in an Early Years Setting'.

Administering medicines

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

Our Procedures

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 there are no adverse effects, as well as to give time for the medication to take effect.

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 senior leader is responsible for the overseeing of administering medication.

PLEASE NOTE

Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition. A copy of the prescription must accompany the medication.

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

Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign the medication book, stating the following information as detailed on the prescription note:

- ✓ the full name of child and date of birth;
- ✓ the name of medication and strength;
- ✓ who prescribed it;
- ✓ the dosage to be given in the setting;
- ✓ how the medication should be stored and its expiry date;
- ✓ any possible side effects that may be expected; and
- ✓ the signature of the parent, their printed name and the date.

Liquid paracetamol (Calpol): Our policy is to only administer liquid paracetamol/Calpol in adverse circumstances. If a child's temperature **exceeds 39 degrees** and we have verbal consent from the parent, and we have had the child in our care for more than four hours to eliminate risk of overdose, we are able to give Calpol. An emergency bottle will be kept in the setting and **MUST NOT** be used for anything other than an emergency.

The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person/senior leader. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the:

- o name of the child;
- o name and strength of the medication;
- o date and time of the dose;
- o dose given and method;
- o signature of the key person/manager; and
- o Parent's signature.

Please note if administering medication this must always be witnessed by another responsible adult. They will need to sign the medication book stating the dosage given.

We use the Pre-school Learning Alliance's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

Storage of medicines

Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.

All medication is stored safely out of reach of children in the lockable first aid cabinet or refrigerated as required.

Diabetes test kits must be accessible at all times however insulin must be locked away securely.

The child's key person or manager in charge of the session is responsible for ensuring medicine is handed back at the end of the day to the parent.

For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

All prescribed medicines which need to be refrigerated are to be placed in the refrigerator, in a sealed Tupperware container or zippy bag with the child's name clearly labelled.

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 must 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 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 form part of the risk assessment.

The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.

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 must include the measures to be taken in an emergency.

The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

See appendices 5 and 6 for further information and a sample complex health care plan.

Asthma

We recognise that asthma is a widespread, serious but controllable condition and the pre-school welcomes all children with asthma. On entry and throughout the child's care with us, parents are obliged to inform us about the health of their child. For children who are asthmatic we;

- keep a register of all children with asthma, with a record of the expiry date on their medication.
- encourage and help children with asthma to participate fully in activities
- ensure children have immediate access to reliever inhalers, these are stored in the first aid cabinet and clearly labelled with the child's name and prescription
- ensure that the environment is favourable to children with asthma and that all staff are aware of potential triggers and warning signs
- ensure that other children in the group understand that asthma can be serious
- provide training for staff on how to administer reliever inhalers and what to do if a child has an asthma attack
- ensure that all staff are trained on the procedures to follow in the event of an emergency
- obtain written permission from parents to administer reliever inhalers
- work closely with parents of children with asthma to ensure continuity of care
- work with parents and healthcare professionals to develop an individual healthcare plan if appropriate. This will be reviewed 6 monthly.
- always inform parents if a child has an asthma attack or needs their inhaler while at the provision. This must be documented in the normal records for when administering medication.
- inform parents of procedures that will be followed when there's a trip or outing.
- Only staff members who are asthma/ emergency drug trained are permitted to administer inhalers.

Please see appendices 7 and 8 for further information.

The following website gives more detail ad resources
https://www.asthma.org.uk/advice/resources/

Lifesaving medication and invasive treatments

This may include adrenaline injections (EpiPen's) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
Parents have a duty and responsibility to notify the setting if their child has any of these conditions and must provide details of any treatment and support, they may require in the setting. Relevant health care professionals will liaise between parents/guardians and the setting to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will be completed for the child.

When writing the health care plan the setting must have proof of:

- ✓ a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
- ✓ written consent from the parent or guardian allowing staff to administer medication; and
- ✓ proof of training in the administration of such medication by the child's GP, a district nurse, children's' nurse specialist or a community paediatric nurse.

Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

Procedures for children with allergies

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form. If a child has an allergy, a risk assessment is completed to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.).
- The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen/Asthma inhaler).

- Control measures - such as how the child can be prevented from contact with the allergen.

The risk assessment is kept in the child's personal file and a copy is displayed where staff can see it.

The setting liaises with medical professionals to ensure staff are trained appropriately in how to administer special medication in the event of an allergic reaction.

Generally, no nuts or nut products are used within the setting and we would discourage having nuts in children's lunchboxes, however this is parental choice. Should we become aware of a child or adult in the setting suffering from a nut allergy we would insist on a 'no nut' policy.

Risk assessments are in place for sensory play activities to ensure the play does not harm the child in anyway. Educators are skilled in adapting activities to enable all children to have access to this learning experience, i.e. a child with severe eczema would be given the option of wearing gloves for a sensory activity.

Insurance requirements for children with allergies and disabilities

The setting insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation will be obtained from our insurance provider to extend the insurance.

'At all times, the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005).'

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Managing medicines on trips and outings

Risk assessments are completed for when leaving the setting on trips and outings. All children are supervised by a key person or if this is not possible a responsible other whose duty it is to care for a small nominated group of children for the duration of the outing.

If a child with a health care plan or a child requiring us to administer mediation i.e. antibiotics, is on the trip, the responsible adult will be fully informed of the child's needs and/or medication.

Medication must be stored in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. It will be the senior leader's responsibility to ensure whilst on the outing the medication is of reach from children.

On returning to the setting the card is stapled to the medication record book and the parent signs it.

If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

As a precaution, children must not eat when travelling in vehicles.

This procedure is read alongside the supervision of children on outings and visits procedure.

First Aid

At Pinvin Pre-school we have a duty to safeguard all children in our care and on our premises. We also have a legal duty to provide a safe working environment for our staff, parents, learners and volunteers. Through risk assessment we aim to reduce the probability of incidents and accidents occurring, however we are realistic that some accidents will occur.

The statutory framework for the Early Years Foundation (2017) states;

3.25 At least one person who has a current paediatric first aid certificate must be on the premises and available at all times when children are present, and must accompany children on outings…. Paediatric first aid training must be relevant for workers caring for young children and where relevant, babies. Providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

Paediatric First Aid Training

All of our early year's educators receive paediatric first aid training which is approved by Ofsted and is completed every 3 years. The first aid course should be completed over 12 hours and must include;

- resuscitation of young children, babies and adults, responsive and unresponsive, and with airway obstruction
- first aid for babies and young children experiencing:

a*) extremes of heat and cold*

b) electric shock

c) burns and scalds

d) poisoning

e) bites and stings

f) minor injuries; for example, cuts, bumps and bruises, splinters, nose bleeds

g) *conditions affecting eyes, ears and nose*

h) head and spinal injuries

i) anaphylaxis

j) clinical shock

- **emergency first aid for children with chronic or sudden medical conditions:**

a*) sickle cell crisis*

b) diabetic emergency

c) asthma attack

d) allergic reaction

e) meningitis

f) febrile convulsion

We recognise that to be able to deliver first aid practice confidently and consistently, skills and knowledge will need to be refreshed regularly. Our aim is to create a safe culture, where first aid practice is regularly discussed and employees are signposted to updated information on all first aid matters.

Adult first aider

As an employer there are minimum requirements that we must adhere to in regards to adult first aid provision;

- a suitably stocked first-aid kit
- an appointed person to take charge of first-aid arrangements;
- information for all employees giving details of first-aid arrangements.

HSE state first aid provision must be 'adequate and appropriate in the circumstances'. Due to the size of our business, we have a nominated person to oversee first aid arrangements and have one qualified adult first aider within the team to advise and support. For more information: https://www.hse.gov.uk/firstaid/what-employers-need-to-do.htm. Appendices 9 gives basic information on adult first aid.

First Aid Kit

We have a number of first aid kits in the setting, one permanent that is always located within the building, a forest school specific first aid kit and travel first aid kits for when outside of the setting on trips and outings.

There is no legal standard for the contents of a first aid kit however it should meet what you have identified in a need's assessment.

As a minimum our first aid kits will contain;

- a leaflet with general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work
- individually wrapped sterile plasters of assorted sizes
- sterile eye pads
- individually wrapped triangular bandages, preferably sterile
- safety pins
- large and medium-sized sterile, individually wrapped, unmedicated wound dressings
- Sterile gauze swabs
- Sterile water/saline
- disposable gloves

These basic kits will be added to as we assess our needs i.e. forest school kit will have additional equipment due to the nature of the activities the children undertake.

A thermometer will be kept on site at all times.

Maintaining or replacing contents of a first aid kit

First aid kits are checked 6 weekly by the appointed person, however it is vitally important all employees who have used first aid supplies inform the appointed person of this. Expiry dates are checked and kit replaced and replenished as necessary.

Reporting and Recording Incidents and Accidents

As children grow and begin to manage their own risks it is inevitable that accidents may happen. On admission to the setting all parents are required to give consent for the setting to administer first aid to their child and in the case of an emergency, seek further medical assistance.

Minor Injuries

When a child has received a minor injury, we will;

- give first aid treatment
- complete an accident form detailing the circumstances and care given
- share the form with the parent on collection of the child and gain their signature, the parent will then be given a copy.
- file the settings copy in the office, this will then be reviewed by the manager to review the risk assessment of the activity or resources
- the form will then be filed in the settings accident file and kept as per data retention guidelines.

Emergency injuries/illness

If a child suffers a serious injury or becomes unwell quickly, we may seek further medical support through calling 999. Parents will be informed as soon as possible and be asked to come to the setting or meet us at the hospital immediately.

The settings actions will be documented as an additional report to the accident form. It must detail child's details, what happened within the timeframe and can also include paramedic notes if they treated the child at the scene.

Head Injuries

Children who sustain a head injury **MUST** be reviewed by a First Aider. If a child has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the child can remain in preschool whilst being observed. A head injury advice sheet must be completed and sent home.

Reporting serious accidents and incidents

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents.

We report to the Health and Safety Executive (HSE):

- ✓ Any work-related accident leading to an injury to a child or adult, for which they are taken to hospital.
- ✓ Any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days.
- ✓ When a member of staff suffers from a reportable work-related disease or illness.
- ✓ Any death, of a child or adult, that occurs in connection with activities relating to our work.
- ✓ 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 Health and Safety Executive is provided in **Appendices 10).**

Ofsted

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 premises.
- A serious accident or injury to, or serious illness of, a child in our care and the action we take in response.
- The death of a child in our care.
- Or any other 'significant event' which may affect our registration and ability to fulfil our duties.

In addition:

- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is also reported to the local Environmental Health Department.

Recording serious accidents and incidents

The Health and Safety Executive (HSE) state every employer must keep a record of

- any reportable death, injury, occupational disease or dangerous occurrence
- all work-related injuries that result in a worker being away from work or unable to do their full range of normal duties for more than **three** consecutive days (not counting the day of the accident but including any weekends or other rest days)

Our Incident Book

We keep an incident book for recording all incidents/accidents.

This may include;

- ✓ A break in, burglary, or theft of personal or the setting's property.
- ✓ An intruder gaining unauthorised access to the premises.
- ✓ A fire, flood, gas leak or electrical failure.
- ✓ An attack on member of staff or parent on the premises or nearby.
- ✓ Any racist incident involving staff or family on the setting's premises.
- ✓ A notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises.
- ✓ The death of a child or adult.
- ✓ A terrorist attack, or threat of one.

In the incident book, we 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 unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and 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 the premises, for example, through cot death, the emergency services are called, and the advice of these services are followed.

Intimate Care and Continence

Children of all ages may experience continence issues often related to their age or stage of development; for some children incontinence may be a life-long condition.

The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on an individual's ability to carry out normal day to day activities".

It describes incontinence as an impairment which may affect normal day to day activities. Settings are under a statutory obligation to meet the needs of all children and therefore children should not be excluded from activities because of incontinence. Settings are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

This policy does not cover intimate care of children with more complex health conditions e.g. catheters, colostomy bags. Advice regarding these health conditions should be sought from NHS professionals and parents/carers.

Our Aim;

- ✓ We aim for all our children to feel emotionally and physically secure in order to achieve well and enjoy their learning. We offer tailored support for the specific specialist needs of some learners.
- ✓ To provide clear guidelines for all staff on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child.
- ✓ To support staff to meet the holistic needs of children including the development of continence and independence.
- ✓ To establish good practice in the care of children with management of continence needs.

- ✓ To ensure that children are treated with dignity and respect by those adults responsible for them.
- ✓ To ensure good safeguarding practice to protect children, staff, and volunteers.
- ✓ To establish partnership working between the child, the child's parents / carers and professionals involved.

Environment

We ensure we provide suitable hygienic changing facilities for changing any children who are in nappies and ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available.

We maintain an emergency supply of adequate resources. On occasions where our settings resources are used, parents are requested to replace them.

As we do not have access to laundry services, we request that children requiring bedding bring their own in from home and it is returned home for washing.

Potty and Toilet Training

Children are ready for potty training between about 18 months and 3 years old. We support parents during the potty-training process and signpost them to the children's bladder and bowel charity 'ERIC'.

https://www.eric.org.uk/

This website is full of useful information with numerous free resources for both the setting and parents to use. We follow the guidance in the ERIC's guide to Potty Training which supports parents in recognising when their child is ready to start toilet training, how to prepare them for it, and what to do to make it a success.

https://www.eric.org.uk/Handlers/Download.ashx?IDMF=cad20060-c174-4566-afcd-25f0087614a4

Children who require additional support with continence development

Sometimes there may be an underlying problem with continence development. Each child must be treated as an individual but in broad terms the children who will need support with continence may be:

- ✓ Children with some developmental delay
- ✓ Children with physical disabilities or complex medical conditions
- ✓ Children with behavioural emotional difficulties

Safeguarding

Everyone working with children must be aware that those with additional needs may be particularly vulnerable to abuse. The normal process of assisting with personal care, such as changing nappies, should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to ensure that abuse does not take place. However, to minimise risk, Pinvin Community Pre-school follow the following procedures:

- ✓ Safer recruitment ensures all those working with the children understand their safeguarding duties and have the required DBS checks.
- ✓ All staff, learners and volunteers have read and understood our Safeguarding and Child Protection policy and signed to confirm this. This is revisited regularly through supervision and as agenda items at team meetings.
- ✓ All staff members must be vigilant for any indication of inappropriate practice and know how to report such concerns.
- ✓ If there is a known risk of false allegations by a child or the child exhibits extreme behaviour on a regular basis, then appropriate precautions must be incorporated into the child's plan – e.g. two adults to be present when changing the child.
- ✓ Volunteers and students on long term placements with enhanced DBS clearance involved in intimate care, must always be appropriately supervised.

- ✓ Where possible, the key person must support their children with continence issues and be mindful of and respect the personal dignity of the child when supervising, teaching or reinforcing toileting skills.
- ✓ All staff involved in changing nappies or supporting toileting must be aware of the child's health care plan and ensure that this is adhered to at all times. Any deviation from the plan must be reported and recorded in line with setting procedures.
- ✓ Parents and line managers are informed of any accidents or concerns that arise whilst changing children and these are recorded in accordance with setting procedures.
- ✓ The adult responsible for the child (key person) is made aware when a child is being taken to the toilet or having a nappy changed.

Health Care Plan

The Health Care Plan pro forma must be used to record the needs of each individual child that requires continence management, along with actions to be taken agreed by the setting and the parent / carer. Any health professionals involved with the child should also be involved in the drawing up of the Health Care Plan. Any change to the plan, including changes of staff, must be notified to all parties signing the plan. A record of intimate care must also be kept. The setting should send a copy of the plan to any health professionals involved with the child for comment.

The plan must be completed taking into account the following partnership working principles: **The parent must;**

- Agree to change the child at the latest possible time before bringing him/her to the setting.
- Provide the setting with spare nappies and a spare set of clothes if appropriate. Settings must have spare resources available for emergencies.
- Understand and agree the procedures that will be used when the child is changed at the setting – including the use of any cleanser or the application of any cream which if provided by parents/carers must be sent

into setting in a named and sealed container. We will follow our 'Administering medicines' policy where appropriate, and prior written permissions must be obtained from parents/carers.

- Agree to inform the setting should the child have any marks / rash in line with their safeguarding procedures.
- Agree to notify the setting if the child's needs change at any time which needs to be reflected in the Health Care Plan.
- Agree to attend Health Care Plan review meetings.

The setting must;

- Ensure the health care plan is relevant and up to date with the frequency of changing clearly stated.
- Agree to record frequency of changes throughout the day, including any information on rashes or marks, which is to be shared with the parent/carers on a daily basis.
- Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.
- Record toileting attempts, incidents or changes in the nappy changes record.

Procedure for dealing with nappy changing to avoid cross contamination;

1. Staff are to wash their hands thoroughly and effectively.
2. Put on new disposable apron and gloves.
3. Clean mat with appropriate cleaning wipes or spray before commencing every nappy change.
4. Child must be asked to lie down on the mat and if appropriate, an older child may be more comfortable standing up.
5. Child can assist where appropriate to support their continence independence.
6. Change child's nappy/pad/pull up.
7. Put soiled nappy/pad/pull up in double nappy sacks (or in an emergency a plastic bag) and dispose of immediately in bin provided.

8. Spray or wipe the changing mat with appropriate cleaning agent.
9. Put wipes, nappy/pad/pull up, sack, apron and gloves into the bin provided.
10. Wash hands and ensure the child washes hands before leaving the toileting area.
11. When all toileting/ nappy changing has finished sinks are to be sanitised using appropriate cleaning products.
12. Empty toilet bin when all children have been changed and re-line with clean bag.
13. Dispose of the bin bag in the black bin outside of the building.
14. Wash hands again.
15. Where a child is on a Health Care Plan, document the procedure, you have followed.
16. Where a child is not on a Health Care Plan write in the toileting book, the time you changed them, your initials and any other details deemed necessary. This is kept in the entrance foyer so we can communicate with parents of any toileting incidents, or progress with potty training.

Note: where it is known that the child is infected with a blood born virus all materials must be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

Procedure for dealing with toileting/potty training

1. Staff are to wash their hands thoroughly and effectively.
2. Put on new disposable apron and gloves.
3. Ensure potties/toilet seat are sanitised before use using appropriate cleaning agents.
4. Child can assist where appropriate to support their continence independence.
5. Child to wash hands before leaving toilet area.
6. Empty potty where necessary into toilet and flush.
7. Sanitise potty/toilet seat and dispose of gloves, apron and wipes in double nappy bag and place in nappy bin.
8. Staff to wash hands then sanitise sink area.

Providing a Healthy Food Environment

We regard the promotion of a healthy diet as an essential part of our early years work with children and families. We also recognise that eating together represents an important social time, where we can come together, engage in dialogue, and value each other and what we are eating. Mealtimes also help children to develop physical and independence skills when managing cutlery and packaging.

Our Aim

We aim to encourage healthy eating and to provide nutritious, balanced meals and snacks which meet cultural and dietary needs of children. By sitting and eating with the children we are able to promote good social and independent skills when sharing a meal together.

Our Procedures

- ✓ Before a child starts to attend our pre-school, we find out from parents their children's dietary needs and preferences, including any allergies. This is recorded on their file and reviewed by the key person regularly.
- ✓ 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. This includes communicating to all staff any dietary needs of the children.
- ✓ 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. If a child has specific dietary rules i.e. due to religion, we would educate our staff on this to ensure we can meet the requirements.
- ✓ 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.

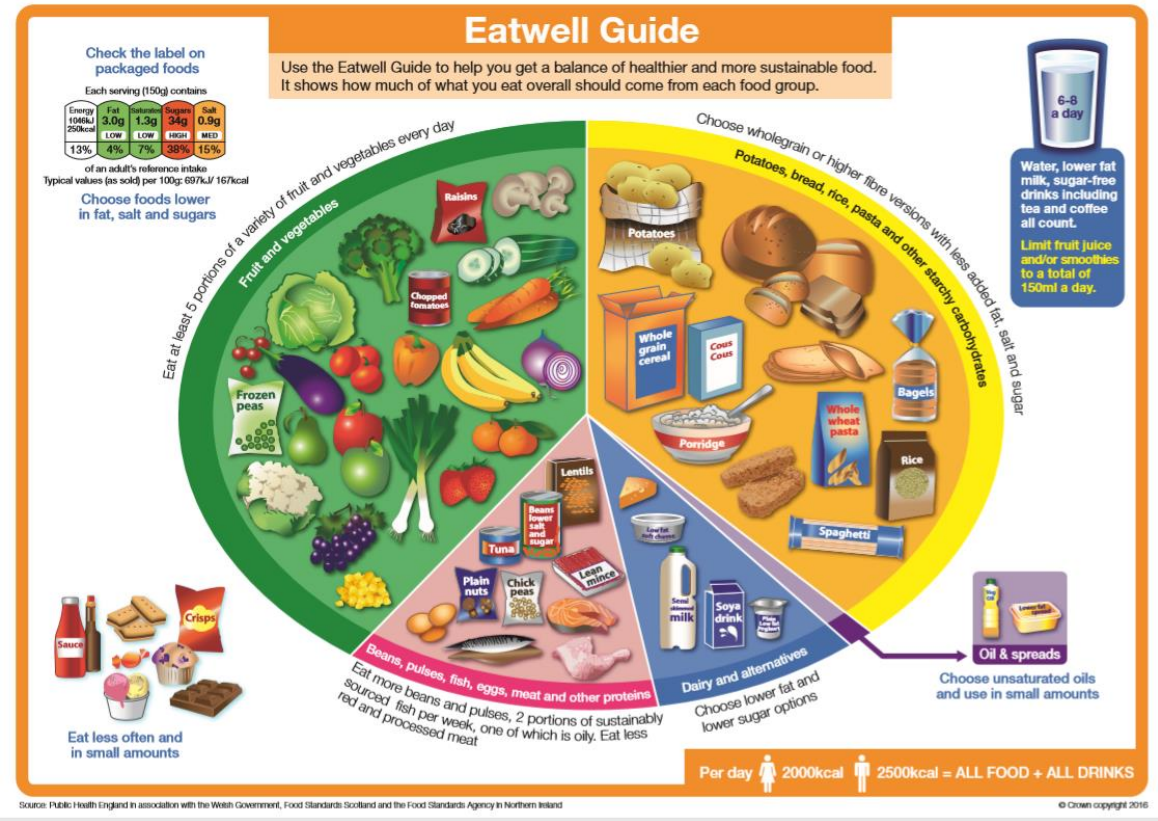
- ✓ We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- ✓ We organise meal and snack times so that they are social occasions in which children and educators 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 session/day.
- ✓ We only allow plastic wipeable lunchboxes which we are then able to store in the fridge. If these cannot be provided, we will place the child's packed lunch in a zip able named plastic bag.
- ✓ We provide parents with ideas of what to put in lunchboxes and portion sizes. We request parents to save sweet treats for home and not to bring them into pre-school.
- ✓ In order to protect children with food allergies, we have rules about children sharing and swapping their food with one another.
- ✓ For children who drink milk, we provide semi-skimmed pasteurised milk.
- ✓ Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

Nutrition in the Early Years

Good nutrition in the early years sets the foundation for future health and well-being. It can also positively influence; concentration, physical development, behaviour, cognitive development and long-term future health. We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.

We provide nutritious food at all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.

We use Public Health England Eatwell plate as a guideline when planning menus, providing snacks and educating parents.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf



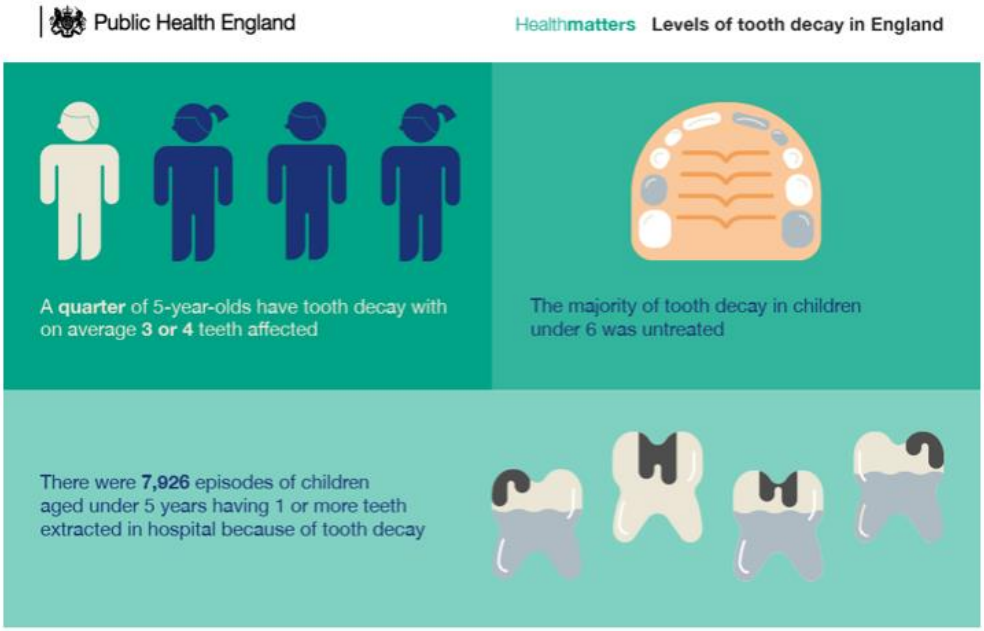
We also signpost parents and carers to the NHS Change 4 Life and Start 4 life campaigns. These offer support on providing a healthy lifestyle during pregnancy, birth and parenthood.

https://www.nhs.uk/change4life/food-facts/sugar

https://www.nhs.uk/start4life/

Oral Hygiene

Tooth decay is largely preventable but remains a huge problem for young children.



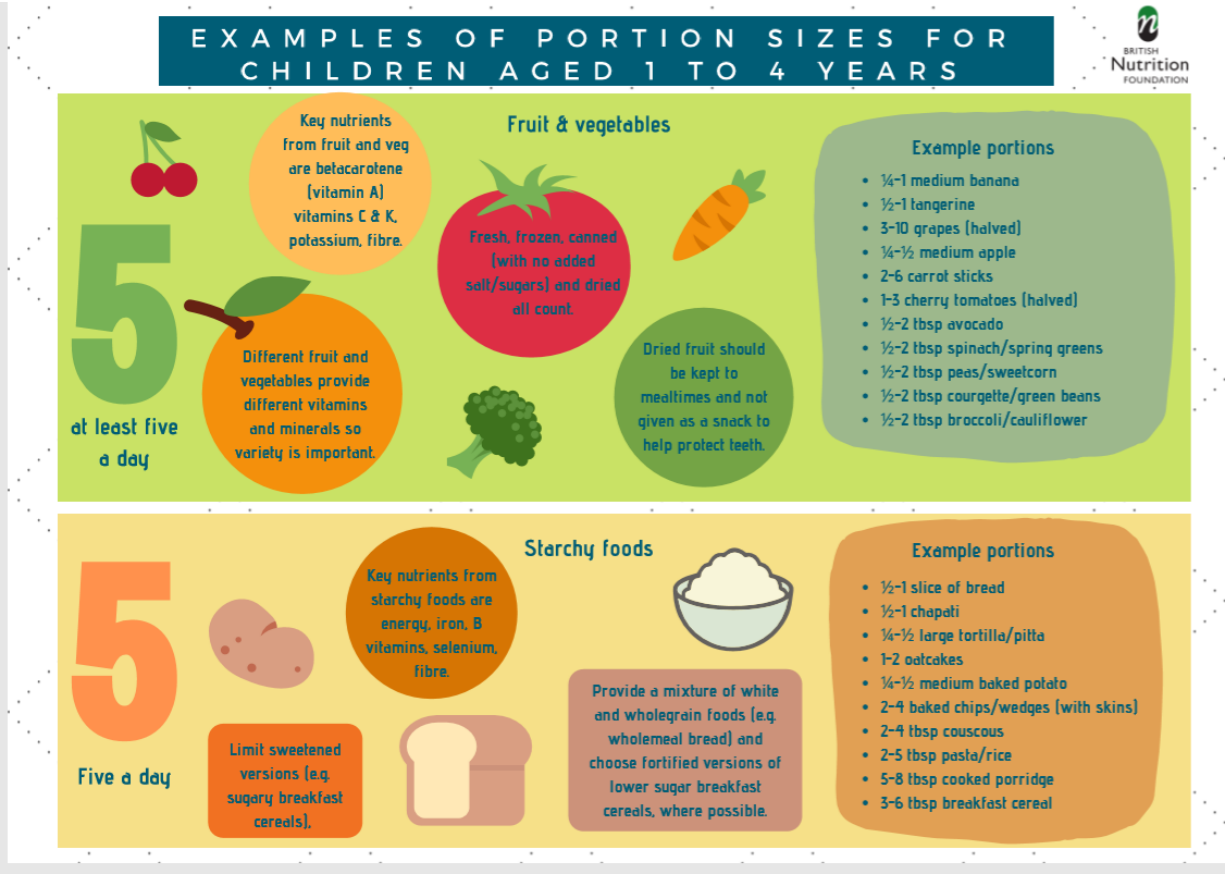
Due to restrictions with Covid-19 and hygiene concerns, we don't currently brush children's teeth whilst in our care, however we educate children through activities and resources. We also encourage parents to visit the dentist with their children and signpost them to useful and supportive information.
https://www.nhs.uk/live-well/healthy-body/taking-care-of-childrens-teeth/

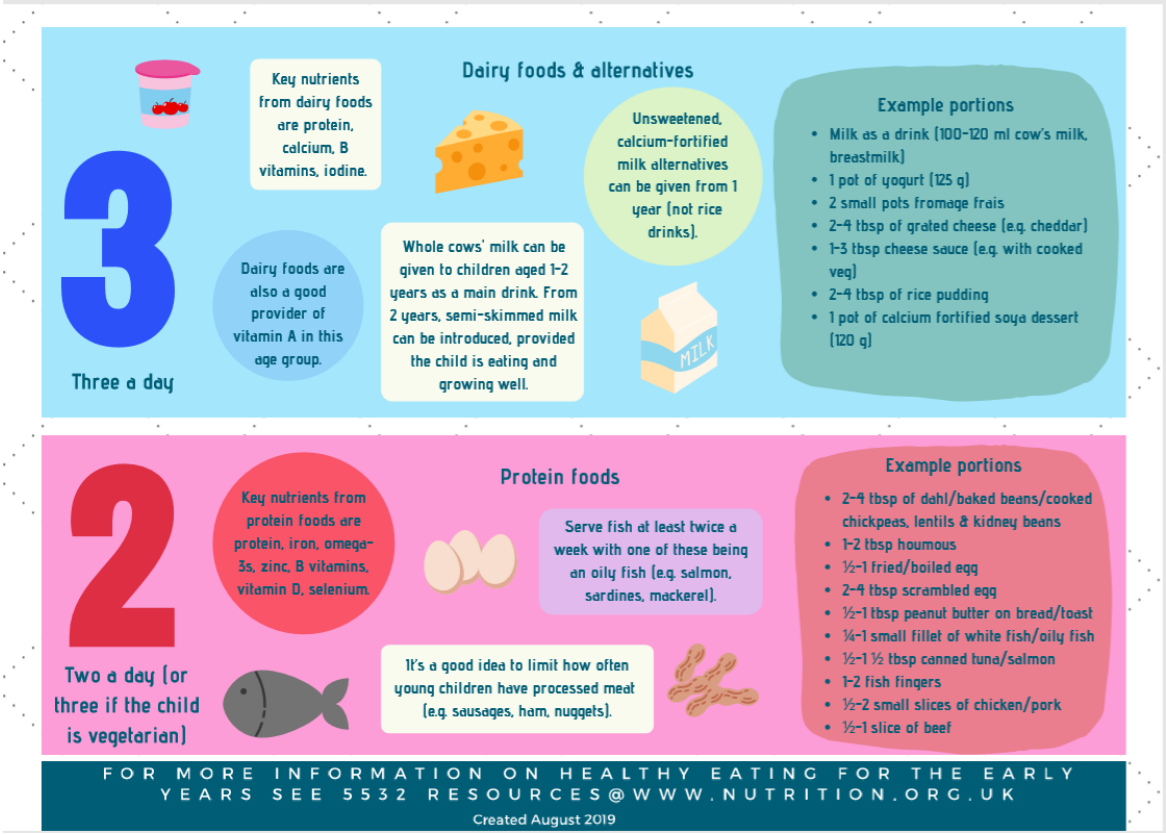
Portion size

Almost one in four children are classed as overweight or obese on entry into school, with this rising to one in three when entering year 6. Providing larger portion sizes than children need can encourage overeating and may be one of the contributing factors to childhood obesity.

At Pinvin we aim to provide nutritious meals and snacks with age appropriate portion sizes. We use the guidance published by 'The British Nutrition Foundation' when planning meals and when educating parents.

https://www.nutrition.org.uk/healthyliving/resources/portionsizeexamples.html





Healthy Lunchboxes

When advising parents on supplying a healthy packed lunch we suggest;

- A packed lunch should contain something from all the four main food groups and a variety of foods should be provided across the week.
- Foods should be provided in appropriately sized portions
- Foods that are high in salt and sugar should be avoided

We signpost parents to the useful video provided by the British Nutrition Foundation on healthy lunchboxes.
https://www.nutrition.org.uk/healthyliving/helpingyoueatwell/healthypackedlunches.html

To ensure portion sizes are to the recommendation we empty lunchboxes onto plates so staff can visualise better, the portion sizes. This also avoids overwhelming the child. We do however recognise children eat varying amounts day to day and some children may require more foods than others i.e. if more physically active.

Food Hygiene

At Pinvin Community Pre-school we provide and serve food for children throughout the day. We aim to maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

The Early Years Statutory Framework for the Foundation Stage (2017) states;
3.48. There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary, including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.

Food Purchases
We use reliable suppliers for the food we purchase. Chilled food is delivered directly to the pre-school and stored immediately. Dates are checked on delivery and packaging checked to ensure foods are not contaminated.

Food Storage
Food is stored at correct temperatures and stock rotated to ensure foods are eaten well within the recommended dates. Parents are expected to provide icepacks in children's lunchboxes in warm weather. When packages have been opened these are sealed with the date of opening placed on them. Some foods stored in the fridge once opened will be decanted to air tight sealed containers and clearly labelled.

Food Preparation
Food preparation areas are cleaned before and after use. There are separate facilities for hand-washing and for washing up and all assisting staff wash hands thoroughly and sanitise their hands before preparing and serving food. All utensils, equipment and crockery are clean and stored appropriately. Cleaning products and other dangerous substances are stored away from foods and children.

Serving

We encourage children to serve their own food where possible using appropriately sized equipment. In times of infection this may change as we try to reduce cross contamination. If adults are serving meals, they wear aprons, and hairnets. They follow strict hygiene measures detailed in the Infection, Prevention and Control policy. If serving hot food, the temperatures of all dishes are taken and logged.

Risk Assessment

We use specific kitchen risk assessments to ensure all equipment is in order, to record fridge and freezer temperatures, to ensure foods are stored correctly and disposed of if necessary. Any issues raised are communicated to the setting manager.

Staff Training

The Food Standards Agency is responsible for protecting public health in relation to food in England. We use their safer food, better business website for training of all staff. https://www.food.gov.uk/

Inspection

The food standards agency inspects our food provision annually and grades us accordingly to their findings. This inspection is unannounced and they will expect to see all documentation and evidence of good practice.

Reporting of food poisoning

The Early Years Statutory Framework for the Foundation Stage (2017) states;
3.49. Registered providers must notify Ofsted or the childminder agency with which they are registered of any food poisoning affecting two or more children cared for on the premises. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

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.

You can catch food poisoning if you eat something that has been contaminated with germs.

This can happen if food:

- isn't cooked or reheated thoroughly
- isn't stored correctly – for example, it's not been frozen or chilled
- is left out for too long
- is handled by someone who's ill or hasn't washed their hands
- is eaten after its "use by" date

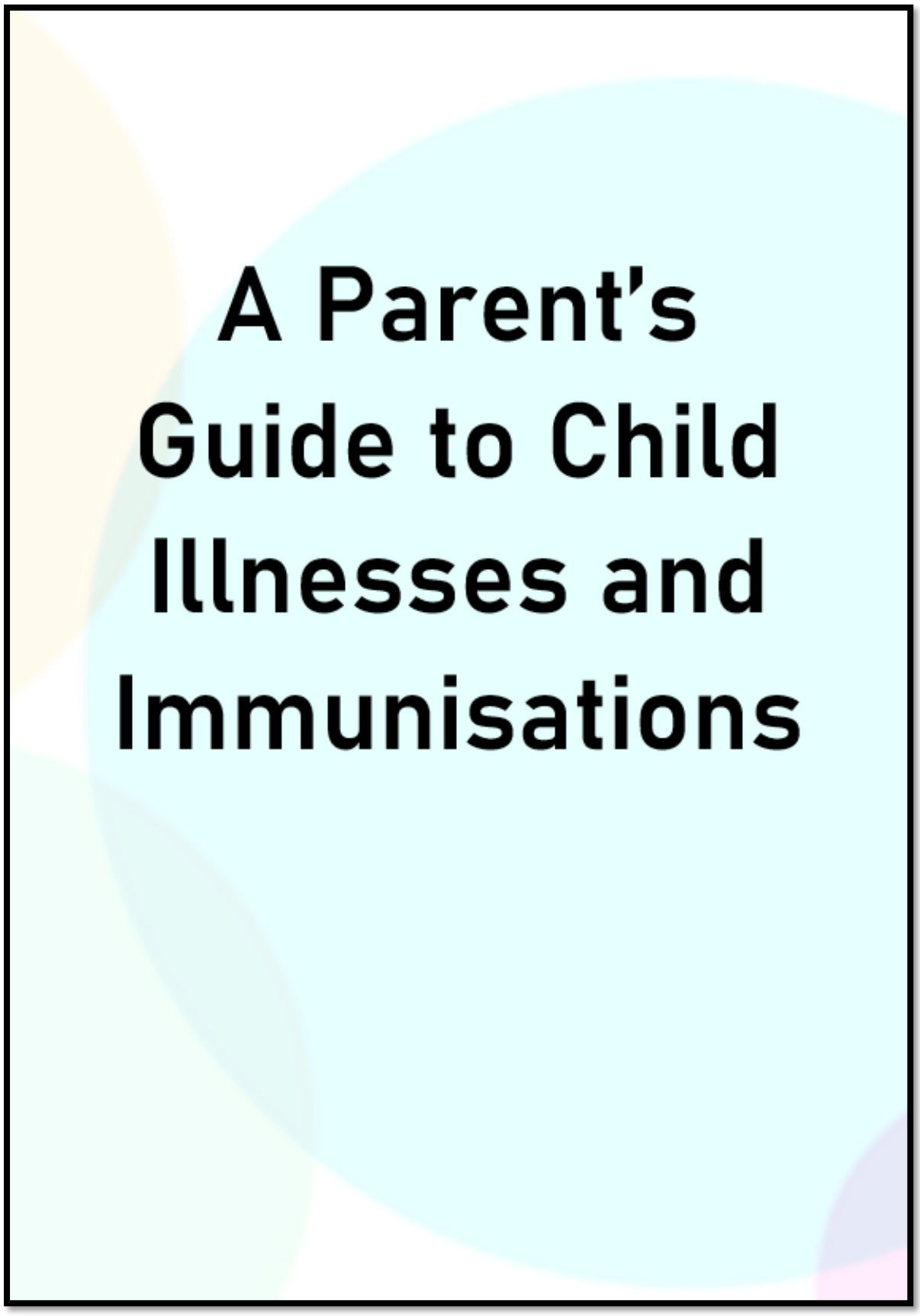
Any type of food can cause food poisoning.

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 Food Standards Agency to report the outbreak and will comply with any investigation.

Any confirmed cases of food poisoning affecting two or more children looked after on the premises the setting will also be notified to Ofsted as soon as is reasonably practicable, and always within 14 days of the incident.

Food Standards Agency The Food Standards Agency https://www.food.gov.uk/contactconsumersreport-problem/report-suspected-food-poisoning
Ofsted Ofsted **0300 123 1231**

Appendices 1



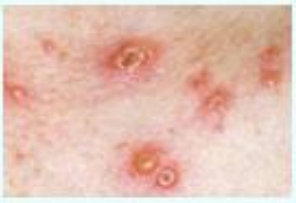
Common Child Illnesses

There are a wide range of common illnesses and infections children are likely to come in to contact with and this risk is increased when they start attending a setting with other children.

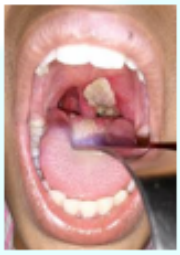
Children are more prone to infection for a number of reasons; an immature immune system, poor hygiene habits and close contact with peers. It is therefore important that we can identify the early signs and symptoms and take appropriate action to treat and eliminate the spread of infection.

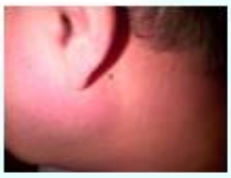
In the table below you will find a list of illnesses to include the signs and symptoms and the advised exclusion period.

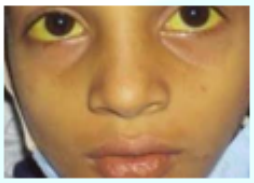
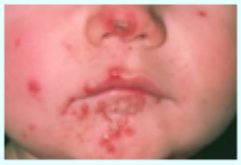
A number of these illnesses are preventable through the routine vaccinations, the details of which can be found in this leaflet.

Illness / Disease	Signs and Symptoms	Exclusion Period
Athlete's foot	 • Itchy white patches between the toes • Red, sore and flaky patches on the foot • Skin that may crack and bleed Antifungal treatment is required and can be purchased from a pharmacy.	None although over the counter treatment is recommended.
Chicken pox	 • Appearance of red spots anywhere on the body • Spots turn into blisters • Scabbing over of spots • High temperature (above 38°C) • Aches and pains and generally feeling unwell • Loss of appetite Keep hydrated, discourage scratching, keep clothing loose and apply a lotion such as calamine to relieve itching.	5 days from onset of rash and all lesions have crusted over
Cold sore	 • Tingling, itching or burning sensation • Fluid-filled blister that will scab over Treatments are available to purchase.	None – contact with sores to be avoided

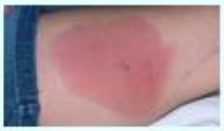
Conjunctivitis	 • Pink eye(s) • Burning or gritty sensation in the eye • Pus within eye that sticks to lashes • Itching and watering eyes Eyes need to be cleaned with cool boiled water using a cotton wool pad or flannel. GP appointment is required if symptoms present in babies or still present after 2 weeks.	None
Coronavirus	 • High temperature • New,continuous cough – coughing for more than an hour or 3 or more episodes in 24 hours) • Loss or change of smell or taste Use the 111 online service https://111.nhs.uk/covid-19/ or call 111 for advice, **do not** visit a GP surgery or hospital, stay isolated to reduce risk of spreading infection.	7 days from the first symptoms Those in the same household – 14 days from the first day of the first person presenting symptoms
Diarrhoea and vomiting	 • Frequent, watery, loose stools • Stomach cramps • Headache • Nausea and vomiting Keep hydrated, ensure regular hand washing.	48 hours after last symptoms

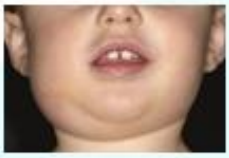
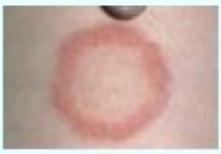
Diptheria*	 • Thick grey-white coating on the back of the throat • High temperature and fever • Nausea • Sore throat • Headache • Swollen neck glands • Difficulty breathing and swallowing Immediate medical treatment is required. *NB: Diptheria is not common in the UK however is still present in Asia, the South Pacific, the Middle East, eastern Europe and the Caribbean and therefore vaccination is required if travelling to these areas.*	Immediate exclusion including all household members until GP confirms suitable to return
Flu	 • Sudden high temperature • Achy body • Exhaustion • Dry cough • Sore throat • Headache • Trouble sleeping • Loss of appetite • Diarrhoea and stomach pain • Nausea and vomiting • Earache • Lethargy Rest, keep warm and hydrated, take paracetamol for pain and ibuprofen for temperature reduction.	Until well

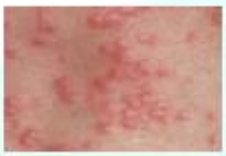
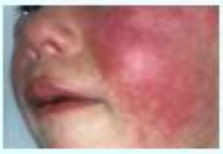
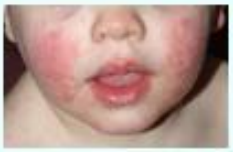
Glandular Fever	 • High temperature and fever • Sore throat • Swollen neck glands • Extreme exhaustion • Tonsillitis that does not get better Keep hydrated, rest, take pain relief. Seek medical advice for children.	None
Hand, foot and mouth	 • Sore throat • High temperature • Loss of appetite • Ulcers on tongue • Red spots and grey-centred blisters on hands and feet Keep hydrated, eat liquid foods and rest.	None unless large number of cases
Head lice	 • Head lice eggs (nits) are white or brown empty shells that cling to the hair • Itchy scalp Everyone in the household will need to be treated using either medicated treatments or wet combing with a specialist nit comb. If wet combing this will need to be done 1, 5, 9 and 13 to catch any newly hatched eggs.	None – over the counter treatment recommended

Hepatitis A*	 • Tiredness and feeling unwell • Muscle and joint pain • Raised temperature • Loss of appetite • Nausea and vomiting • Pain in upper right of tummy • Headache, sore throat and cough • Constipation and diarrhoea • Raised, itchy rash • Yellowing of skin and eyes • Dark urine • Pale stools • Itchy skin • Swollen and tender upper-right tummy GP appointment required.	7 days after onset of jaundice or symptoms if no jaundice
Hepatitis B, C, HIV	 • As above, excluding a rash GP appointment required.	None
Impetigo	 • Red sores and blisters that when crusted over can look similar to a cornflake • Sores and blisters spreading over body • Itchy and painful GP appointment required.	Until lesions are crusted or 48 hours after starting antibiotics

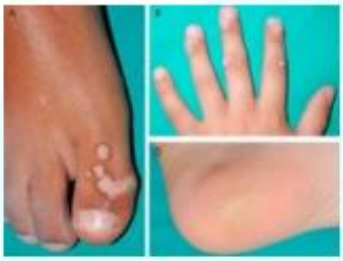
Measles*	 • Cold-like symptoms • Sensitivity to light • High temperature and fever • Small grey-white spots on the inside of the cheeks • Blotchy rash starting at the head and spreading down the body GP appointment required.	4 days from onset of rash and fully recovered
Meningococcal meningitis*/septicaemia*	 • High temperature with cold hands/feet • Vomiting • Headache • Confusion • Rapid breathing • Muscle and joint pain • Pale, mottled skin • Loss of appetite or refusal to feed • Rash that does not fade under pressure • Stiff neck • Sensitivity to light • Drowsiness or unresponsive • Seizures • high-pitched cry or a bulging spot on the top of babies' head Meningococcal meningitis can lead to septicaemia, the symptoms are: • Generally feeling unwell • 12 hours without urinating for children and babies, 24-hours for adults • Persistent vomiting • Swelling, redness or pain around a wound • Very high or low temperature **Urgent medical attention is required. DO NOT WAIT FOR RASH**	Until recovered

Meningitis* bacterial	 See above for symptoms. Will require hospital treatment for at least a week with intravenous antibiotics, fluids and oxygen. If not treated quickly, there may be long-term side effects such as hearing or vision loss, epilepsy of loss of limbs.	Until recovered
Meningitis* viral	 See above for symptoms, however they will be milder for viral meningitis. Can generally be treated at home	None
MRSA	 • Swelling • Hot skin • Pain in affected area • Presence of pus • Redness • High temperature • Chill • Aches and pains • Dizziness • Confusion Seek medical advice as soon as possible.	None

Mumps*	 • Swelling of the parotid glands below ear • Pain and tenderness • Difficulty swallowing • Headache • Joint pain • Nausea • Dry mouth • Abdominal pain • Tiredness • Loss of appetite • High temperature and fever GP appointment required.	5 days after onset of swelling
Ringworm	 • Red or silver rash • Scaly or dry skin in the affected area • Generally ring shaped in appearance Antifungal treatment required.	None – treatment required
Rubella (German measles)	 • Red or pink spotty rash starting behind the ears spreading to the head, neck, and body, may be bumpy • Swollen glands behind the ears • Aching fingers wrists and knees • High temperature • Coughing, sneezing and sore throat • Headaches • Sore and red eyes Seek medical advice.	4 days from onset of rash

Scabies	 • Intense itching, especially at night • Silvery line with a dot at one end where mites have entered skin and laid eggs • Appearance of rash between fingers • Rash turns to bumpy red spots Treatment required.	Return after first treatment (required for whole household)
Scarlet fever	 • Flu-like symptoms • High temperature • Sore throat • Swollen neck glands • Rough rash will appear after a few days • White coating on tongue • Flushed cheeks GP appointment required.	24 hours after antibiotics completed If no antibiotics administered incubation is 2-3 weeks
Slapped cheek / Parvo virus	 • Generally feeling unwell • High temperature • Runny nose and sore throat • Headache • Rash on cheeks • Raised, itchy rash appears on chest, arms and legs Stay hydrated, take pain relief and seek treatment for itching.	None once rash has developed Pregnant women to notify GP if been in contact

Threadworms	 • Small, thread-like worms in stools • Itching around anus and genitals at night • Irritability and waking in the night • Weight loss • Bed wetting • Irritated skin around anus Everyone in the household will need to be treated with an over the counter medicine.	None – over the counter treatment required
Tonsillitis	 • Sore throat, difficulty swallowing • Loss of voice • High temperature • Coughing • Headache and earache • Nausea • Exhaustion • Swollen glands in the neck • White pus-filled spots on tonsils • Bad breath Seek advice from pharmacist, stay hydrated.	None
Tuberculosis	 • Lack of appetite and weight loss • High temperature • Night sweats • Extreme fatigue • Persistent, phlegmy cough • Breathlessness Seek medical advice.	Seek GP advice

Warts and verrucae	 • Warts can appear on palms, knuckles, knees and fingers and feel rough and firm to the touch. • Verrucae appear on the feet and have a small black dot under the skin • Plane warts are round, flat and yellow and can appear anywhere on the body • Clusters of warts (mosaic warts) are common on hands and feet. Speak to a pharmacist for treatment advice.	None – verruca socks to be worn during swimming
Whooping cough*	 • Cold-like symptoms • Coughing bouts that last a few minutes, becoming worse at night • A whooping noise as they gasp for breath • Thick mucus that may cause vomiting • Redness in the face Seek medical attention.	2 days from starting antibiotics or 21 days from onset of symptoms if no antibiotics

*notifiable disease with statutory requirement that doctors report to local authority

Immunisation

From birth to 14 years of age, it is recommended that children in the United Kingdom are immunised against certain illnesses and infectious diseases through vaccination.

Vaccinating our children helps to prevent 3 million deaths each year worldwide and has helped to almost eradicate illnesses such as smallpox and significantly reduced many others including diphtheria, both of which can have fatal consequences.

It is important to remember that vaccines:

Do

- protect your child against serious deadly diseases
- help stop the spread of infection to others
- undergo rigours testing over a number of years before being introduced and are continually monitored
- have some mild short-term side effects that may make your child feel a little unwell and have a sore arm for a few days
- eliminate some diseases

Don't

- do not cause autism – there is no evidence of links between MMR vaccine and autism
- do not weaken the immune system, it is safe to give several vaccines at one time, the system will not be overloaded
- do not contain ingredients that will harm when administered in such small doses – speak to your GP if you are concerned about any ingredient and potential allergens

How do they work

When exposed to small amounts of an illness or disease, the immune system develops its own antibodies to use as protection, something it can then do for many years.

If large numbers of people are vaccinated against a disease, herd immunity is developed. This means that there are fewer people who the disease can be passed on to and those who cannot be vaccinated or have weaker immunes can be protected.

For full details of the above please refer to the NHS website or talk to your GP.

Immunisation Schedule

Age	Vaccines	How is this administered
8 weeks	6 in 1 vaccine (1st dose). This immunises against: • Diptheria • Hepatitis B • Hib (haemophilus influenza type b) • Polio • Tetanus • Whooping cough(pertussis)	This is administered in three separate doses from 8 weeks to 16. A single injection of the vaccine is injected into the thigh.
	Rotavirus vaccine (1st dose)	Administered as drops into the baby's mouth, this is the first of two doses, the second of which is at 12 weeks.
	MenB (meningococcal group B bacteria) (1st dose) *babies are likely to develop a high temperature 24 hours after receiving this vaccine.	A single injection into the thigh, administered over three doses at 8 weeks, 12 weeks and 1 year.
12 weeks	6 in 1 vaccine (2nd dose) (see above)	A single injection of the vaccine is injected into the thigh.
	Pneumococcal (PCV) vaccine (1st dose)	A single injection of the vaccine is injected into the thigh.
	Rotavirus vaccine (2nd dose)	Administered as drops into the baby's mouth.
16 weeks	6 in 1 vaccine (3rd dose) (see above)	A single injection of the vaccine is injected into the thigh.
	MenB (2nd dose) (see above)	A single injection of the vaccine is injected into the thigh.
1 year	Hib/MenC. This immunises against:	A single injection of the vaccine is injected into the thigh.

	• Haemophilus influenzae type b (Hib) • Meningitis C	
	MMR (1st dose). This immunises against: • Measles • Mumps • Rubella (German measles)	A single injection of the vaccine is injected into the thigh. A second dose is administered at 3 years 4 months.
	Pneumococcal (PCV) (2nd dose)	A single injection of the vaccine is injected into the thigh.
	MenB (3rd dose)	A single injection of the vaccine is injected into the thigh.
2- 10 years	Flu vaccine (annually)	Nasal spray
3 years and 4 months	MMR (2nd dose)	A single injection of the vaccine is injected into the upper arm.
	4 in 1 pre-school booster. This immunises against: • Diptheria • Tetanus • Whooping cough • Polio	A single injection of the vaccine is injected into the upper arm.
12-13 years	HPV vaccine. This immunises against: • Cervical cancer • Numerous mouth and throat cancers • Anal and genital area cancers • Genital warts	A single injection of the vaccine is injected into the upper arm. This is administered in two doses that need to be at least 6 months apart.
14 years	3 in 1 teenage booster. This immunises against: • Tetanus • Polio • Diptheria	A single injection of the vaccine is injected into the upper arm.
	Meningitis and septicaemia (ManACWY)	A single injection of the vaccine is injected into the upper arm.

Sources

https://www.nhs.uk/conditions/

https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/

http://flowms-live.s3.amazonaws.com/module-version/34931/downloads/PRE_PASS/Health%20protection%20exclusion%20table.pdf

https://www.meningitis.org/meningitis/check-symptoms

Public Health England

Statutory notification by registered medical practitioners* of all hazards: infections, chemicals & radiation

Please send all written notifications to: .....

Forms are available from: https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners

For URGENT Cases:
please contact your local Health Protection Team by phone on: .....

WHAT TO NOTIFY - *in a patient you are attending or a person who is deceased*

- Any notifiable disease
- Any infection which presents, could present or could have presented significant harm to human health
- Any contamination (e.g. chemical or radiological) which presents, could present or could have presented significant harm to human health

NOTIFICATIONS SHOULD BE MADE ON THE BASIS OF CLINICAL SUSPICION. LABORATORY CONFIRMATION IS NOT A PRE-REQUISITE

DETAILS REQUIRED

Name

Contact details of case (or parent if minor): home address, current address and telephone number
D.O.B./ Gender/ Ethnicity

NHS number

GP

Diagnosis

If relevant, details of occupation, place of work or education/overseas travel

Details of person making the notification

WHEN TO NOTIFY - *deciding how urgent it is*

FACTORS TO CONSIDER:

1 The nature of the suspected disease, infection or contamination
2 The ease of spread of that disease, infection or contamination
3 The ways in which the spread of the disease, infection or contamination can be prevented or controlled
4 The patient's circumstances (including age, sex and occupation)

HOW TO NOTIFY

All URGENT cases should be reported, by PHONE, within 24 hours as there is often a CRITICAL WINDOW OF TIME within which effective public health control measures can be implemented. This should be followed up by a written notification within 3 days.

ROUTINE cases should be notified in writing within 3 days.

WHAT HAPPENS WHEN YOU MAKE A NOTIFICATION

We will undertake a timely JOINT RISK ASSESSMENT. Factors that will be considered include:
- Details of significant contacts who might have been exposed
- Vaccination history
- Epidemiologically linked cases
- Factors that may make contacts more vulnerable
- Potential source of infection/ contamination
- Wider public health context

We will provide PUBLIC HEALTH ADVICE on control measures. This may include advice on:
- Isolation; exclusion and decontamination
- Further laboratory testing
- Post-exposure prophylaxis or immunisation
- Other control measures

**A Registered Medical Practitioner is a medical doctor registered with the GMC, with a license to practice in the UK. For Registered Medical Practitioners, statutory notification is a legal duty; however, it is good practice for all clinical staff*

Disease	Whether likely to be Routine or Urgent
Acute encephalitis	Routine
Acute meningitis	Urgent if suspected bacterial infection, otherwise routine
Acute poliomyelitis	Urgent
Acute infectious hepatitis (A,B,C)	Urgent
Anthrax	Urgent
Botulism	Urgent
Brucellosis	Routine; urgent if UK acquired
Cholera	Urgent
Diphtheria	Urgent
Enteric fever (typhoid/ paratyphoid)	Urgent
Food poisoning	Routine; urgent, if as part of a cluster or outbreak
Haemolytic Uraemic Syndrome	Urgent
Infectious bloody diarrhoea	Urgent
Invasive group A streptococcal disease	Urgent
Scarlet fever	Routine
Legionnaire's disease	Urgent
Leprosy	Routine
Malaria	Routine; urgent if UK acquired
Measles	Urgent
Meningococcal septicaemia	Urgent
Mumps	Routine
Plague	Urgent
Rabies	Urgent
Rubella	Routine
SARS	Urgent
Smallpox	Urgent
Tetanus	Routine; urgent if associated with injecting drug use
Tuberculosis	Routine; urgent if healthcare worker or suspected cluster or multi drug resistant
Typhus	Routine
Viral haemorrhagic fever	Urgent
Whooping cough	Urgent if diagnosed in acute phase; routine if later diagnosis
Yellow fever	Routine; urgent if UK acquired

ALL OTHER HAZARDS: Cases with potential public health implications - To be notified URGENTLY

1 Chemical exposure e.g. Carbon monoxide, lead, mercury
2 Radiation exposure
3 New and emerging infections (e.g. new strains of influenza)
4 Cases that occur as part of an outbreak/ cluster e.g. clostridium difficile, norovirus)
5 Other infections where vulnerable contacts are at risk: e.g. *infection in a healthcare worker, varicella zoster exposure in pregnant or immunocompromised people*

This list is not exhaustive. If in doubt please telephone your local HPT

www.phe.gov.uk

Appendices 3 and 4

Daily Cleaning Schedule				**Date:**		
Time	**Main room surfaces, door handles, outdoor gate**	**Maples and Willows surfaces, door handles, outdoor gate**	**Staff toilet area**	**Children's toilet area**	**Kitchen and learning forest surfaces and doors**	**Office surfaces and all equipment**
8.30						
9.30						
10.30						
11.30						
12.30						
1.30						
2.30						

End of day deep clean

Toys and resources: Wash with hot soapy water and disinfect. Wipe over books, put any soft furnishings for laundry.
Comments and initial:

Foyer: Hoover, mop, wipe down doors, all surfaces, wipe windows inside and outside.
Weekly: move drawers to clean behind
Comments and initial:

Toilets: Wipe down sinks, toilets, potties, toileting seats, dispensers i.e. soap, hand towels, toilet paper with disinfectant. Clean mirrors, wipe down doors, steps, walls and light switches.
Comments and initial:

Main room and learning forest: Hoover and mop floors. Wipe down shelving and units, tables and chairs, light switches and electric sockets.
Weekly: Wipe down walls, windows, window frames and skirting boards.
Comments and initial:

Kitchen: Wipe down all surfaces, cooker, microwave, fridge, freezer, kettle and other appliances. Disinfect both sinks and window ledges. Hoover and mop floor.
Weekly: Clean cupboards and cooker

Office: Hoover and mop floor. Wipe down computers and appliances
Comments and initial:

TOYS AND RESOURCES CLEANING SCHEDULE			DATE:	
Resource	**How cleaned**			**Time and initial**
	Hot soapy water	**Disinfected Safe Zone Plus**	**Sanitised Esteem**	
Small world people	✓	✓		**ZC 3.15pm**

Appendices 5

Supporting children with Complex Health Needs

WORCESTERSHIRE CHILDREN FIRST

Contents

WORCESTERSHIRE CHILDREN FIRST

The SEND Code of Practice Sept 2014 is very clear when it discusses a settings responsibility to support children with SEND including those with complex health needs. The Early Years Inclusion team have outlined a few key points which are specific to supporting children with complex health needs for Early Years providers.

The Inclusion team advise that there are 6 areas which need to be considered prior to a child with complex health needs starting at a provision.

1. Policies and Admissions
2. Partnerships with Parents
3. Health Care Plans and Risk Assessments
4. Team Around the Child Meeting's (TAC)
5. Training and Insurance
6. Funding and Staffing

1: Policies and Admissions

Under the requirement of 'Health' 3.45 and 3.46, The Statutory Framework for the Early Years Foundation Stage, March 2017, explains that providers **must** have policies around any medication a child may require.

Further, under the requirement of 'Equality Act 2010' 5.10, The SEND Code of Practice Jan 2015 says that providers **must not**

"Discriminate against, harass or victimise disabled children, and they **must** make reasonable adjustments, including the provision of auxiliary aids and services for disabled children" (SEND Code: Jan 2015, page 80).

"This duty is anticipatory – it requires thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. All publicly funded early years providers **must** promote equality of opportunity for disabled children" (SEND Code: Jan 2015, page 80).

An Equality of Opportunity Policy templates is available from our Early Years Inclusion A-Z (opens in a new window)

The Inclusion team may also advise a staggered admission for some children, to ensure a positive and well-prepared entry into nursery and/or reception. This should be reflected within your admissions policy. The following statutory guidance should be used alongside the statutory framework for the EYFS.

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so" (Supporting pupils at school with medical conditions: Dec 2015, page 8).

WORCESTERSHIRE CHILDREN FIRST

2: Partnership with Parents

Under the requirement of 'Information for parents and carers' 3.73, The Statutory Framework for the Early Years Foundation Stage, March 2017, explains that providers **must** provide information on;

- Daily routines,
- Policies and procedures
- How the setting supports children with SEND.

Therefore, parent and carer signatures on any health care plans and / or risk assessments are to demonstrate the provider is sharing information.

The 2014 Special Educational Need Disabilities (SEND) Code of practice states that all local authorities **must** provide parents, carers, children and young people with access to SEND information, advice and support service.

SEND Information, Advice and support service is at arm's length from Worcestershire's Local Authority and they can provide impartial and neutral advice. Please visit the Hereford and Worcestershire SENDIASS website (opens in a new window) alternatively contact them on 01905 768153 or email sendiass@worcestershire.gov.uk

3: Health Care Plans and Risk Assessments

Health Care Plans

Individual health care plans can help to ensure that providers effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency interventions will be needed and are likely to be helpful in majority of other cases especially where medical conditions are long term and complex (Supporting pupils at school with medical conditions: Dec 2015). The following statutory guidance should be used alongside the statutory framework for the EYFS.

A Health Care Plan template is available from our Early Years Inclusion A-Z (opens in a new window)

They should be easily accessible to all who need to refer to them, while preserving confidentiality. Individual health care plans/reviews may be initiated, in consultation with the parents, by a member of staff, or by a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the provider, parents and a relevant health care professional. A lead professional to write the plan should be agreed between the provider, parents and outside agencies. A health professional should agree and sign the final plan. The Inclusion team would strongly advise that the provider follows the advice and guidance of the health professional involved (Supporting pupils at school with medical conditions: Dec 2015).

There is a minimum requirement for individual health care plans to be reviewed every 12 months and this date can be agreed at the TAC (team around the child) meeting. Good practice tells us it is important to review the relevance of the plan every 6-8 months or sooner if the child's needs change (Supporting pupils at school with medical conditions: Dec 2015).

WORCESTERSHIRE CHILDREN FIRST

Health care plans will also need to be included in the provider's emergency procedures, accidents or incident policies as to the primary emergency procedure that will need to be followed for individual cases. Below is an example of an emergency services contact procedure which can be very useful to have on the wall by the phone.

The aim should be to capture the steps a provider should take to help the child to manage their condition and overcome any potential barriers to getting the most out of their education.

"5.11 All early years providers **should** take steps to ensure that children with medical conditions get the support required to meet those needs as set out in the EYFS framework" (SEND Code: Jan 2015, page 81)

Risk Assessments

It is important to assess the risks to the individual child with complex health needs, in the same way the provider would risk assess an activity or a room in the provision. The provider needs to know what risks there are to the child and put steps in place to reduce all risks. This can be written with the parents and at the TAC (team around the child) meeting where the outside agencies can check and add to it.

A Risk Assessment blank template and Handy Hints for completing a Risk Assessment are available from our Early Years Inclusion A-Z (opens in a new window)

Under the safety and risk assessment requirements, The Statutory Framework for the Early Years Foundation Stage 2017 states:

"3.55 Providers **must** take reasonable steps to ensure the safety of children, staff and others on the premises in case of fire or any other emergency and **must** have an emergency evacuation procedure" (EYFS March 2017).

"3.64 Providers **must** ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and **must** be able to demonstrate how they are managing risks. Providers **must** determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk assessments **should** identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised" (EYFS March 2017).

For further training on Writing Risk Assessments see 'Writing Individual Risk Assessments for children with SEND within Early Years settings' visit our CPD training site (opens in new window)

4: Team Around the Child Meeting's

A Team around the Child (TAC) meeting should be arranged by the provider and held in the Early Years provision, prior to the child with complex health needs starting. This is a chance to establish up to date information about the child's health needs through good communication between the parents, the provider and all outside agencies involved.

WORCESTERSHIRE CHILDREN FIRST

The Inclusion team would advise that you use the health care plan as a discussion agenda or prompt and work your way down. Further, our advice is that providers get the outside agencies to check the risk assessment during the meeting as they may know of other risks and can give advice on reducing these accordingly.

It is really important that the provider and the outside agencies are all working towards the same targets and goals for the child. A TAC meeting is an excellent time to share progress and discuss areas of development for the child and to share current targets at the TAC meeting if relevant. These targets should be written onto the child's Individual Education Plan / Individual Provision Map / Individual Support Plan.

A Consent to Share Information template and details of Outside Contact Agencies are available on our Early Years Inclusion A-Z (opens in a new window)

A model letter for TAC Meeting is available on our Early Years Inclusion A- Z (opens in a new window)

For further training on IEP / IPM or ISP writing review the following courses Effective IPM Writing or How to write a support plan on our CPD training site (opens in new window)

5: Training and Insurance

The provider should ask the health professionals what specific training will be needed to meet the needs of the child. The most common training course which a provider will require when supporting children with complex needs is: 'Manual Handling for children with SEND'. This can often be delivered by the PD outreach team if they are involved with the child.

The Inclusion team advise that a provider must contact their insurance company regarding a child with a complex diagnosis / need.

The provider is also advised to request from the insurer, whether a certificate is required for proof of training.

A Staff training record template is available on our Early Years Inclusion A- Z (opens in a new window)

6: Inclusion Supplement Funding

Apply for funding by using the Inclusion Supplement Funding process used in settings. Funding can

- Increase staffing ratio
- Pay for training to support the child
- Pay for resources to support the child
- Pay for additional Inclusion / private outside agency time
- Pay for staff out of ratio time to work on targets or paperwork for the child.

The provider will need to show evidence of expenditure and of how they follow the 'Assess, Plan, Do and review cycle' along with how they established the child's Graduated Response GR level (GR 2, 3 or 4).

WORCESTERSHIRE CHILDREN FIRST

If the provider would like to increase the GR4 level funding, and if the provider feels the funding received should be challenged, they can should talk to the Early Years Inclusion Team on 01905 843 099 or email EYInclusion@worcschildrenfirst.org.uk or visit section F on our Early Years A-Z Inclusion resources

References

- Supporting pupils at school with medical conditions: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- SEND Code of Practice: Jan 2015: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
- Statutory framework for the EYFS: March 2017: https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf

WORCESTERSHIRE CHILDREN FIRST

Appendices 6

Complex Health Care Plan

Name of Setting	
Child's Full Name	
Date of Birth	
Child's Full Address	
Medical Diagnosis or condition:	

Child's Family Contacts

1st Parent / Guardian's Name		Contact phone number	
2nd Parent / Guardian's Name:		Contact phone number	
Family / Friend Emergency Contact Name		Contact phone number	

Child's Health Professional Contacts

Consultant's Name		Contact phone number	
G. P's Name		Contact phone number	
1st Therapist's Name		Contact phone number	
2nd Therapist's Name		Contact phone number	
Social Worker's Name		Contact phone number	
Other Name		Contact phone number	

Child's Daily Requirements

Describe the Child's Medical Needs:	
Daily Equipment Needs:	
Daily Continence Needs:	

Daily Medication Needs:	
Known Allergies:	

Child's Emergency Medication and Care

What constitutes an emergency for the child	
Signs the child will display to indicate an emergency:	
Symptoms the child will display to indicate an emergency:	
General action to take if emergency occurs: i.e. name of person responsible in emergency, duty to carry out	
Additional action to take if emergency occurs: i.e. name of medication, dosage, time of administration	
Follow up care required for the child:	

Child's Other Specific Requirements

Training required of staff for care of child:	
Expertise required of staff for care of child:	
Name of person compiling Health Care Plan:	
Date of completion:	

Parent/Guardian's Consent and Signature

- I, the child's parent/guardian, consent to the above instructions and procedure being carried out in the setting for my child.
- I consent to the information in this Health Care Plan being shared with others.
- I agree the Health Care Plan reflects my child's current health care needs.
- I agree to notify the setting SENCo immediately if my child's needs alter or change so they Health Care Plan may be updated and reviewed sooner than 6 months.

1st Parent / Guardian's Name		1st Parent / Guardian's Signature		Date of signature	
2nd Parent / Guardian's Name:		2nd Parent / Guardian's Signature		Date of signature	

Health Care Professionals Agreement and Signature

- I agree this Health Care Plan reflects the child's current health needs.
- I agree this Health Care Plan is correct and should be used as a direct instruction and procedure for the setting staff to carry out medication and care for the child.

Health Care Professional's Name		Health Care Professional's Job Role	
Health Care Professional's Signature		Date of Health Care Professionals Signature:	

Settings Agreement and Signature

I agree to follow this Health Care Plan in the setting to care for the child's needs and to ensure all staff in the setting use this Health Care Plan for the child.

Setting's Representatives Name		Setting's Representatives Signature		Date of signature	

Health Care Plan to be reviewed every 6 months

If child's needs alter/change setting to be immediately notified by the child's parent/guardian and the Health Care Plan to be immediately reviewed.

Date of Review	No Changes – HCP still current? Y / N	Changes to be made – HCP to be deleted? Y / N	Signed by:	Date:
Date of Review	No Changes – HCP still current? Y / N	Changes to be made – HCP to be deleted? Y / N	Signed by:	Date:

Appendices 7

easy to read

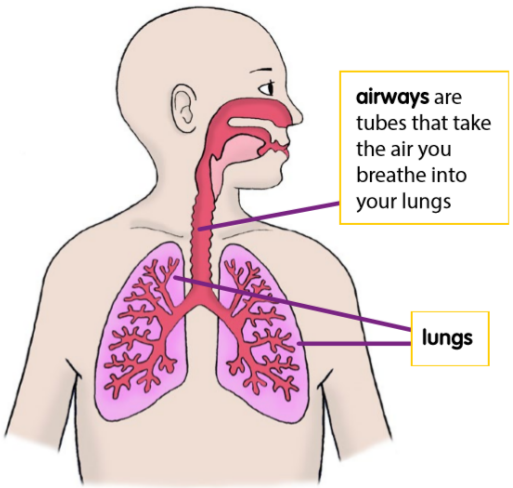
asthma UK

All about asthma

This book is about asthma

You can get asthma at any age.
Sometimes it starts when you are a child.
Sometimes it starts when you are an adult.
You might get asthma if it is in your family.

This book can help you look after your asthma.



What happens if you have asthma?

If you have asthma your **airways** do not work as well.

- You cough a lot.
- You **wheeze**.
- It is hard to breathe.
- Your chest feels tight.

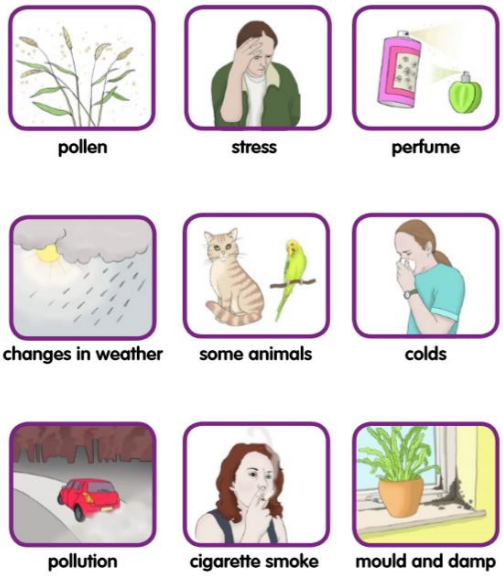
You might have all of these things.
You might only have some of them.

Wheeze – a noisy whistling sound in your chest when you breathe.

What can make your asthma worse?

Some things can make your asthma worse.
Everyone has different things that make their asthma worse.
Most people have more than one thing.

Here are some things that make asthma worse



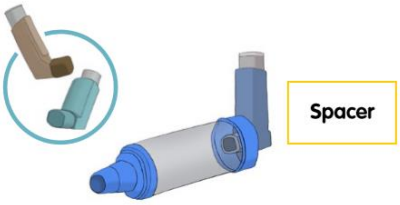
Medicines that can help your asthma

Inhalers

There are two kinds of inhaler.
One is called a reliever.
One is called a preventer.

Inhalers can be different shapes.
They can be different colours.
Inhalers are sometimes called puffers or pumps.

You might have tablets for your asthma too.



Relievers

Reliever inhalers are usually blue.
You take them when your asthma feels bad.
They make it easier to breathe.
Keep your blue inhaler with you all the time.

Preventers

Preventer inhalers can be different colours and shapes.
You take them every day even if you feel well.
They make your airways work better.

Spacer

It helps to use a spacer with your inhaler.
A spacer is a plastic tube that helps you get the medicine into your lungs.

Asthma attack

Sometimes your asthma might get worse.

You are having an asthma attack if any of these things happen:

- you need to use your blue inhaler a lot
- your chest feels tight
- you are coughing and wheezing a lot
- you cannot breathe well
- it is hard to talk.

What to do if you are having an asthma attack

1. Sit up straight. Do not lie down. Try to stay calm.

2. Take one puff of your inhaler every minute until you feel better. You can take up to ten puffs of your blue inhaler.

3. If you do not feel better after ten puffs of your blue inhaler, call 999 for help.

Call **999** if you are worried at any time

Will I have to go to hospital?

You might have to go to hospital.

Take your inhaler with you.

What to do after an asthma attack

Go and see your doctor the same day.

Your doctor will check if your asthma is OK.

You might need to see your doctor again soon.

This is to make sure your asthma is still OK.

Going to the doctor about your asthma

Every year you should go to your doctor for an asthma review. An asthma review is a check up for your asthma.

Your doctor can help you look after your asthma at other times too.

Your doctor will:

- use a **peak flow meter** to check your breathing
- check you are using your inhaler properly
- see if your asthma is better or worse
- talk to you about looking after your asthma.

Peak flow meter – a tube you blow into. It tells the doctor how good your breathing is.

Eat healthy food

Do some exercise

Do things that make you feel happy and relaxed

Being healthy is good for your asthma

Here are some things you can do to be healthy:

- eat **healthy food**
- do some **exercise**
- do things that make you **feel happy and relaxed.**

Exercise

Exercise is good for you.

There are lots of ways to keep fit.

Keep your blue inhaler with you when you exercise.

What if exercise makes your asthma worse?

Talk to your doctor before you start exercising.

Exercise can make asthma worse for some people.

Start with gentle exercise like walking or **yoga**.

Yoga – gentle stretching where you put your body into different positions.

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Stop smoking

Smoking is bad for you.
Smoking is bad for your asthma.
Someone smoking near you can make your asthma worse.

Talk to your doctor if you smoke.
Your doctor can help you to stop.
There are groups to support you.
Stopping smoking is good for your asthma.

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These people have asthma

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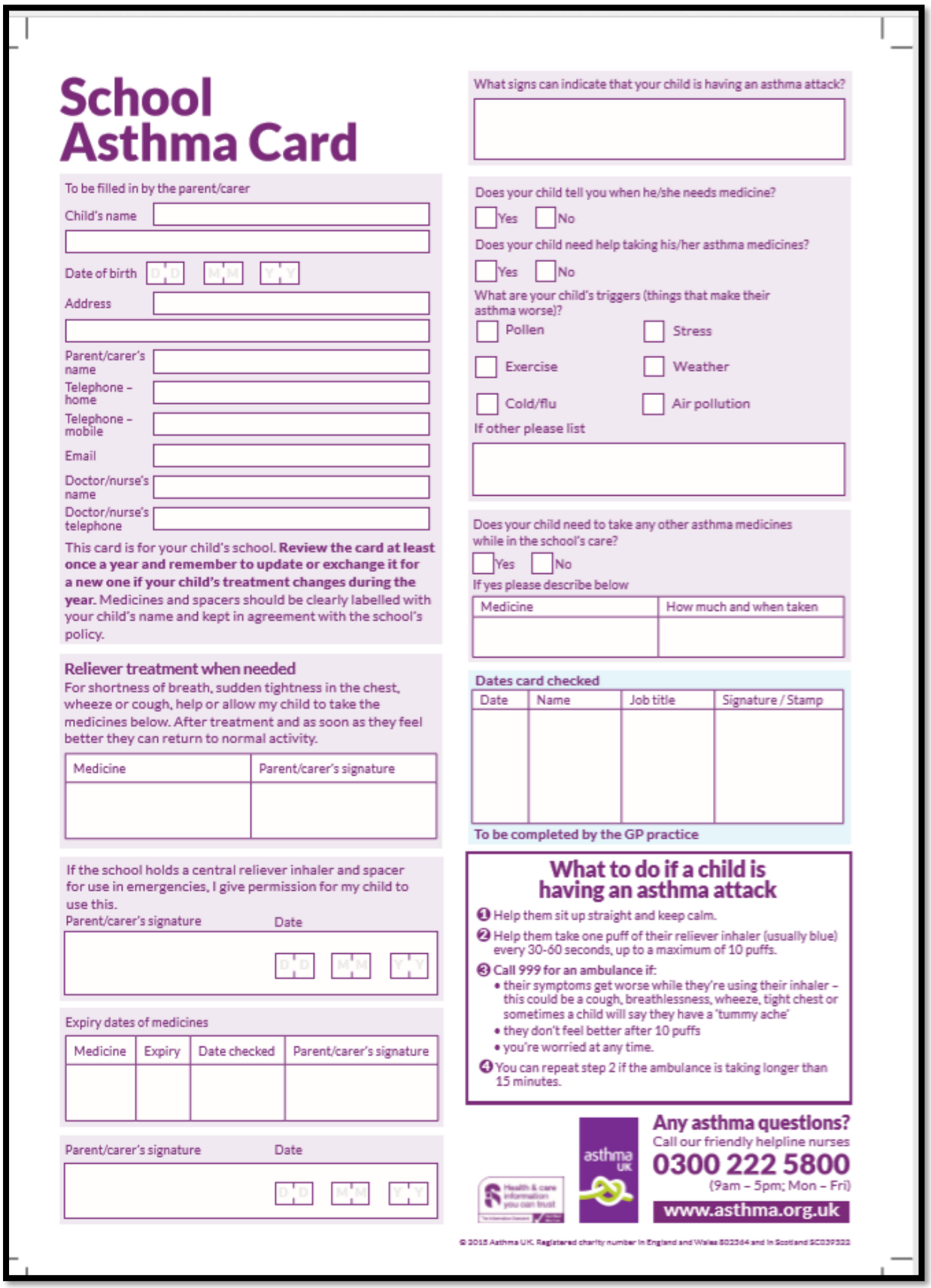
If you look after your asthma you can enjoy lots of different things

Take your preventer inhaler every day to look after your asthma

23

Appendices 8



School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth D D M M Y Y

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

D D M M Y Y

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

D D M M Y Y

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe below

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am – 5pm; Mon – Fri)

www.asthma.org.uk

Appendices 9

HSE

Health and Safety Executive

Basic advice on first aid at work

This leaflet contains basic advice on first aid for use in an emergency. It is not a substitute for effective training.

This is a free-to-download, web-friendly version of INDG37. This version has been adapted for online use from HSE's current printed version.

You can buy the book at https://books.hse.gov.uk/ and most good bookshops.

ISBN 978 0 7176 6668 3
Price £10.00 (Pack of 20)

INDG347
Published 2017

What to do in an emergency

Priorities
Your priorities are to:

- assess the situation – do not put yourself in danger;
- make the area safe;
- assess all casualties and attend first to any **unconscious** casualties;
- send for help – do not delay.

Check for a response
Gently shake the casualty's shoulders and ask loudly, 'Are you all right?'
If there is no response, your priorities are to:

- shout for help;
- open the airway;
- check for normal breathing;
- take appropriate action.

A Airway

To open the airway:

- place your hand on the casualty's forehead and gently tilt the head back;
- lift the chin with two fingertips.

B Breathing

Look, listen and feel for normal breathing for no more than 10 seconds:

- look for chest movement;
- listen at the casualty's mouth for breath sounds;
- feel for air on your cheek.

If the casualty <u>is</u> breathing normally:

- place in the recovery position;
- get help;
- check for continued breathing.

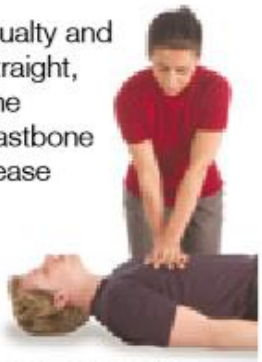
If the casualty is <u>not</u> breathing normally:

- get help and call for an AED* if available
- start chest compressions (see CPR).

C CPR

To start chest compressions:

- lean over the casualty and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure;
- repeat at a rate of about 100–120 times a minute;



- after 30 compressions open the airway again;
- If an AED* is available use in accordance with your training/ manufacturer's instructions
- pinch the casualty's nose closed and allow the mouth to open;
- take a normal breath and place your mouth around the casualty's mouth, making a good seal;
- blow steadily into the mouth while watching for the chest rising;

- remove your mouth from the casualty and watch for the chest falling;
- give a second breath and then start 30 compressions again without delay;
- continue with chest compressions and rescue breaths in a ratio of 30:2 until qualified help takes over or the casualty starts breathing normally.

Severe bleeding

If there is severe bleeding:

- apply direct pressure to the wound;
- raise and support the injured part (unless broken);
- apply a dressing and bandage firmly in place.

Broken bones and spinal injuries

If a broken bone or spinal injury is suspected, **obtain expert help.** **Do not move casualties** unless they are in immediate danger.

Burns

Burns can be serious so if in doubt, seek medical help. Cool the affected part of the body with cold water until pain is relieved. Thorough cooling may take 10 minutes or more, but this must not delay taking the casualty to hospital.

Certain chemicals may seriously irritate or damage the skin. Avoid

* Where an employer has identified through their needs assessment that they wish to provide an Automated External Defibrillator (AED) in the workplace, then the Provision and Use of Workplace Equipment Regulations 1998 (PUWER) apply. For the purpose of complying with PUWER in these situations the employer should provide information and written instructions – for example, from the manufacturer of the AED - on how to use the AED. The Approved Code of Practice (ACOP) and guidance on PUWER (L22 - http://www.hse.gov.uk/pubns/priced/l22.pdf) provides information on instructions, maintenance, inspection and the suitability of work equipment.

contaminating yourself with the chemical. Treat in the same way as for other burns but flood the affected area with water for 20 minutes. Continue treatment even on the way to hospital, if necessary. Remove any contaminated clothing which is not stuck to the skin.

Eye injuries

All eye injuries are potentially serious. If there is something in the eye, wash out the eye with clean water or sterile fluid from a sealed container, to remove loose material. **Do not attempt to remove anything that is embedded in the eye.**

If chemicals are involved, flush the eye with water or sterile fluid for at least 10 minutes, while gently holding the eyelids open. Ask the casualty to hold a pad over the injured eye and send them to hospital.

Record keeping

It is good practice to use a book for recording any incidents involving injuries or illness which you have attended. Include the following information in your entry:

- the date, time and place of the incident;
- the name and job of the injured or ill person;
- details of the injury/illness and any first aid given;
- what happened to the casualty immediately afterwards (eg went back to work, went home, went to hospital);
- the name and signature of the person dealing with the incident.

This information can help identify accident trends and possible areas for improvement in the control of health and safety risks.

Further information

For information about health and safety visit https://books.hse.gov.uk or http://www.hse.gov.uk. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

To report inconsistencies or inaccuracies in this guidance email: commissioning@wlt.com.

This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6668 3.

Revised 2017.

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HSE

Health and Safety Executive

Reporting accidents and incidents at work

A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

This is a web-friendly version of leaflet INDG453(rev1), published 10/13

What is RIDDOR?

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records of:

- work-related accidents which cause death;
- work-related accidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

There are also special requirements for gas incidents (see 'Reportable gas incidents').

This leaflet aims to help employers and others with reporting duties under RIDDOR, to comply with RIDDOR and to understand reporting requirements.

RIDDOR 2013 Changes

From 1 October 2013, RIDDOR 2013 comes into force, which introduces significant changes to the existing reporting requirements. The main changes are to simplify the reporting requirements in the following areas:

- the classification of 'major injuries' to workers is being replaced with a shorter list of 'specified injuries';
- the previous list of 47 types of industrial disease is being replaced with eight categories of reportable work-related illness;
- fewer types of dangerous occurrence require reporting.

There are no significant changes to the reporting requirements for:

- fatal accidents;
- accidents to non-workers (members of the public);
- accidents which result in the incapacitation of a worker for more than seven days.

Recording requirements remain broadly unchanged, including the requirement to record accidents resulting in the incapacitation of a worker for more than three days.

Why report?

Reporting certain incidents is a legal requirement. The **report** informs the enforcing authorities (HSE, local authorities and the Office for Rail Regulation (ORR)) about deaths, injuries, occupational diseases and dangerous occurrences, so they can identify where and how risks arise, and whether they need to be investigated. This

allows the enforcing authorities to target their work and provide advice about how to avoid work-related deaths, injuries, ill health and accidental loss.

What must be reported?

Work-related accidents

For the purposes of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

Not all accidents need to be reported, a RIDDOR report is required only when:

- the accident is **work-related**; and
- it results in an injury of a type which is **reportable** (as listed under 'Types of reportable injuries').

When deciding if the accident that led to the death or injury is work-related, the key issues to consider are whether the accident was related to:

- the way the work was organised, carried out or supervised;
- any machinery, plant, substances or equipment used for work; and
- the condition of the site or premises where the accident happened.

If none of these factors are relevant to the incident, it is likely that a report will not be required.

See www.hse.gov.uk/riddor/do-i-need-to-report.htm for examples of incidents that do and do not have to be reported.

Types of reportable injury

Deaths

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

Specified injuries to workers

- The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:
- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

Over-seven-day injuries to workers

This is where an **employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days** (not counting the day of the accident).

Injuries to non-workers

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Reportable occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Reportable dangerous occurrences

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- explosions or fires causing work to be stopped for more than 24 hours.

Certain additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and certain transport systems (railways etc). For a full, detailed list, refer to the online guidance at: www.hse.gov.uk/riddor.

Reportable gas incidents

If you are a distributor, filler, importer or supplier of flammable gas and you learn, either directly or indirectly, that someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with the gas you distributed, filled, imported or supplied, this can be reported online.

If you are a gas engineer registered with the Gas Safe Register, you must provide details of any gas appliances or fittings that you consider to be dangerous to the extent that people could die, lose consciousness or require hospital treatment. This may be due to the design, construction, installation, modification or servicing, and could result in:

- an accidental leakage of gas;

- inadequate combustion of gas; or
- inadequate removal of products of the combustion of gas.

You can report online.

Exemptions

In general, reports are not required (regulation 14) for deaths and injuries that result from:

- medical or dental treatment, or an examination carried out by, or under the supervision of, a doctor or registered dentist;
- the duties carried out by a member of the armed forces while on duty; or
- road traffic accidents, unless the accident involved:
  - the loading or unloading of a vehicle;
  - work alongside the road, eg construction or maintenance work;
  - the escape of a substance being conveyed by the vehicle; or
  - a train.

Recording requirements

Records of incidents covered by RIDDOR are also important. They ensure that you collect sufficient information to allow you to properly manage health and safety risks. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss.

You must keep a record of:

- any **accident, occupational disease or dangerous occurrence** which requires reporting under RIDDOR; and
- any other occupational accident causing injuries that result in a worker being away from work or **incapacitated for more than three consecutive days** (not counting the day of the accident but including any weekends or other rest days). You do not have to report over-three-day injuries, unless the incapacitation period goes on to exceed seven days.

If you are an employer who has to keep an accident book, the record you make in this will be enough.

You must produce RIDDOR records when asked by HSE, local authority or ORR inspectors.

How to report

Online

Go to www.hse.gov.uk/riddor and complete the appropriate online report form. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

Telephone

All incidents can be reported online but a telephone service remains for reporting **fatal and specified injuries only**. Call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Reporting out of hours

HSE has an out-of-hours duty officer. Circumstances where HSE may need to respond out of hours include:

- a work-related death or situation where there is a strong likelihood of death following an incident at, or connected with, work;
- a serious accident at a workplace so that HSE can gather details of physical evidence that would be lost with time; and
- following a major incident at a workplace where the severity of the incident, or the degree of public concern, requires an immediate public statement from either HSE or government ministers.

If you want to report less serious incidents out of normal working hours, you should complete an online form at www.hse.gov.uk/riddor/report.htm#online.

You can find more information about contacting HSE out of hours at www.hse.gov.uk/contact/outofhours.htm.

Industry-specific guidance

Accident book BL510 HSE Books 2012 ISBN 978 0 7176 6458 0 www.hse.gov.uk/pubns/books/accident-book.htm

Incident reporting in schools (accidents, diseases and dangerous occurrences) Education Information Sheet EDIS1(rev3) HSE Books 2013 www.hse.gov.uk/pubns/edis1.htm

Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers Health Services Information Sheet HSIS1(rev3) HSE Books 2013 www.hse.gov.uk/pubns/hsis1.htm

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This leaflet is available at: www.hse.gov.uk/pubns/indg453.htm.

Published by the Health and Safety Executive 10/13 INDG453(rev1)

Appendices 11

SAFE METHOD:

PERSONAL HYGIENE

It is important to follow good personal hygiene to help prevent bacteria and viruses from spreading to food.

SAFETY POINT	WHY?
Avoid touching your face or nose, or coughing and sneezing over food.	Harmful bacteria and viruses can be spread from your face, nose or mouth to your hands and onto food.
Ideally you should not wear watches or jewellery when preparing food (except a plain wedding band).	Watches and jewellery can collect and spread dirt and harmful bacteria and fall in the food.
Make sure your clothes are clean and ideally wear an apron when preparing food.	Clothes can bring dirt and bacteria into food preparation areas. Wearing clean clothes helps to prevent this.
Do not prepare any food if you have diarrhoea and / or vomiting.	People suffering from these symptoms often carry harmful bacteria and viruses on their hands and can spread them to food or equipment they touch.
Do not prepare food until you have had no symptoms for 48 hours.	Even if the diarrhoea and vomiting has stopped, you can still carry harmful bacteria and viruses for 48 hours afterwards.
Cuts and sores should be completely covered with a waterproof dressing, ideally a brightly coloured one.	This is to prevent bacteria from the cut or sore spreading to food. Brightly coloured dressings are easier to spot if they come off and fall into food.

HANDWASHING

SAFETY POINT	WHY?
You should always wash your hands properly before preparing and handling food or touching ready-to-eat food e.g. sandwiches. You should wash your hands after: • going to the toilet • touching raw meat / poultry, fish, eggs and unwashed vegetables • emptying bins • cleaning • touching a cut or changing a dressing • handling pets, their feeding bowls or other equipment • contact with potties, nappies and changing mats • cleaning up accidents (e.g. vomit or diarrhoea) • helping a child use the toilet • wiping or blowing your nose or a child's nose • outside activities e.g. after taking children to the park • touching dirty laundry	Harmful bacteria can spread very easily from hands to food, work surfaces and equipment. Washing your hands properly at the right times helps to prevent this. 

Food Standards Agency | food.gov.uk/sfbb

WASHING HANDS EFFECTIVELY

Step 1: Wet your hands thoroughly under warm running water and squirt liquid soap onto your palm.		**Step 2:** Rub your hands together palm to palm to make a lather.	
Step 3: Rub the palm of one hand along the back of the other and along the fingers. Repeat with the other hand.		**Step 4:** Put your palms together with fingers interlocked and rub in between each of the fingers thoroughly, and around the fingertips and thumbs.	
Step 5: Rinse off the soap with clean water.		**Step 6:** Dry hands thoroughly with a clean towel that you only use for drying hands.	

THINK TWICE!

- Make sure anyone else who prepares food for the children, or uses the kitchen, understands the importance of personal hygiene, and especially the importance of washing hands properly. Harmful bacteria and viruses can spread very easily from people's hands to food, work surfaces, equipment etc. Effective handwashing helps to prevent this.
- Make sure children wash their hands before eating.
- Make sure you have a good supply of soap and clean towels for handwashing.

WHAT TO DO IF THINGS GO WRONG

If you think someone who is helping you has not washed their hands, make sure they wash them straight away and emphasise how important it is to wash their hands when working with food.

Write down what went wrong and what you did about it in your action sheet.

Safe method completed: Date: Signature:

SAFE METHOD:

FOOD STORAGE AND PREPARATION

It is very important to store and prepare food carefully and keep sources of bacteria and allergens away from food preparation areas.

SAFETY POINT	WHY?	HOW DO YOU DO THIS?
Ideally, store raw and ready-to-eat food separately. If they are in the same fridge, store raw meat and poultry, fish and eggs below ready-to-eat food, such as salads, sandwiches and desserts. Unwashed fruit and vegetables should also be kept separate from ready-to-eat food and above raw meat. If you are defrosting raw meat or poultry, make sure that none of the liquid that comes out of it gets onto other food. Cover cooked and other ready-to-eat food. Keep food that contains allergens separate from other food.	This helps to prevent harmful bacteria spreading from raw food to ready-to-eat food.  This will stop allergens from spreading.	Do you store raw meat and poultry? Yes ☐ No ☐ If yes, do you follow this advice? Yes ☐ If not, what do you do?
Never use the same worktop, chopping board, knives or other equipment for preparing and storing raw food (such as meat, poultry, fish and unwashed vegetables, salad and fruit) and for ready-to-eat food, unless they have been thoroughly cleaned and disinfected in between. See the 'Cleaning' safe method.	Harmful bacteria from raw food such as meat / poultry can spread from chopping boards and knives to other food. 	Do you always use a clean and disinfected knife and chopping board for preparing ready-to-eat food? Yes ☐ If not, what do you do? More information on control of cross contamination can be found on the FSA website. Prepare raw foods at different times to ready to eat foods. Where possible prepare ready-to-eat food before raw food.
Do not wash raw meat or poultry.	Washing meat and poultry does not kill bacteria but it can splash harmful bacteria around the kitchen, contaminating sinks, taps, surfaces and ready-to-eat food.	More information can be found at the FSA website.
When preparing fruit, vegetables and salad ingredients wash them thoroughly by rubbing vigorously in a colander or container under running water. Clean and disinfect the sink beforehand. Wash the cleanest ones first.	Fruit, vegetables and salad ingredients may have harmful bacteria on the outside. Washing will help clean them and remove some of the bacteria.	

'USE BY' AND 'BEST BEFORE' DATES – WHAT THEY MEAN

'Use by' date – this is about safety. Do not use or serve food after this date – this is against the law. Even if it looks and smells fine, eating food after its 'use by' date could make children or babies ill.

'Best before' date – this is about quality. Food should be safe to eat after the 'best before' date, but it might begin to lose its flavour and texture. Eggs are an exception – they should always be used by their 'best before' date.

SAFETY POINT	WHY?	HOW DO YOU DO THIS?
Nappies and laundry If your washing machine is in the kitchen, do not bring dirty laundry into the kitchen while food is being prepared. Your nappy changing facilities should be separate from any food preparation areas. Never put dirty nappies, laundry or laundry baskets on worktops. Always wash your hands properly after touching dirty nappies or laundry.	This helps to prevent dirt and bacteria spreading from nappies and laundry to food. 	If your washing machine is in the kitchen, do you follow this advice? Yes ☐ No ☐ If not, what do you do? Where are your nappy changing facilities?
Pets Keep pets away from all food, dishes and worktops and away from children when they are eating. If pets have access to the kitchen, clean and disinfect worktops before you start food preparation.	Pets can spread harmful bacteria to food. 	Do you have any pets? Yes ☐ No ☐ If yes, do you follow this advice? Yes ☐ If not, what do you do?

SAFETY POINT	WHY?
Maintenance Make sure you keep food preparation areas in good condition. Replace damaged equipment, utensils and dishes straight away e.g. replace worn chopping boards, cracked dishes, chipped glasses.	This makes cleaning easier and helps to prevent pests. Dirt and bacteria can collect on damaged equipment / utensils and loose parts might fall into food.

WHAT TO DO IF THINGS GO WRONG

- If raw meat / poultry, fish, eggs or unwashed vegetables have touched or dripped onto ready-to-eat or cooked food, throw away the food.
- If ready-to-eat or cooked food has been prepared using a worktop, chopping board, knife or other equipment that has been used with raw food and not cleaned and disinfected afterwards, throw away the food.
- If dirty laundry, nappies or pets have been on a worktop, remove them and wash and then disinfect the worktop straight away.
- If there is a risk that an object (such as broken glass) may have got into food, throw the food away.

Write down what went wrong and what you did about it in your action sheet.

Safe method completed: Date: Signature:

SAFE METHOD:

FOOD ALLERGIES

It is important to know what to do if you look after a child who has a food allergy, because these allergies can be life-threatening

SAFETY POINT	WHY?
Always check if children have any food allergies and keep a written record of these.	It is a good idea to be able to refer to this record when preparing and serving food.
Make sure you check all the ingredients of any meals and snacks you give to a child with a food allergy. For example, if you make a cheese sandwich, check the ingredients of the bread, cheese, spread and anything else you put in the sandwich. **Never guess.**	If someone has a severe allergy, they can react to even a tiny amount of the food they are sensitive to. You can find out more about allergies on the **FSA website**.
Keep a record of the ingredient information of any ready-made food and drink you use in the children's food. Separating and labelling ingredients is very important to help you to easily identify what is in the meal. Foods should be covered and placed in sealed containers if needed and any spillages should be cleaned up quickly.	This is so you can check what is in the food.
If you are cooking, remember to check the ingredients of any oil, sauce, dressing or other packaged foods, including tins and jars. If you are not sure, do not give the food to the child.	Any of these could contain an ingredient the child is allergic to.
When you are preparing food for a child with a food allergy, make sure you do not contaminate foods whilst you are preparing them. Clean worktop and equipment thoroughly before you start. Make sure you also wash your hands thoroughly first. If you make a mistake when preparing a dish for an allergy sufferer, do not just remove the ingredient containing the allergen from the dish – start from scratch with fresh ingredients. **Remember: unlike bacteria, allergens are always present in food and cannot be removed or destroyed by cooking**	This is to prevent small amounts of the food that a child is allergic to getting into the food by accident which could prove fatal.
If a parent / guardian of a child with an allergy provides food, make sure it is clearly labelled with the child's name.	This makes sure that the child receives the right food and avoids it being given to another child who may have a different food allergy.
 	

HOW DO YOU DO THIS?
How do you check if food does not contain a particular allergen / ingredient?
How do you prepare food for a child with a food allergy?

THINK TWICE!

Which ingredients can cause a problem?

If asked, you must provide information about the allergens (if they are used as ingredients in the food and drink you provide) to the parents / carers of the children in your care. You can find further information on the FSA website.

These are some of the foods children may be allergic to and where they may be found:

Nuts (Namely almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew, Macadamia or Queensland nut).	In sauces, desserts, crackers, bread, ice cream, marzipan, ground almonds, nut oils.
Peanuts	In sauces, cakes, desserts. Don't forget groundnut oil and peanut flour.
Eggs	In cakes, mousses, sauces, pasta, quiche, some meat products. Don't forget foods containing mayonnaise or brushed with egg.
Milk	In yoghurt, cream, cheese, butter, milk powders. Also check for foods glazed with milk.
Fish	In some salad dressings, pizzas, relishes, fish sauce. You might also find fish in some soy and Worcestershire sauces.
Crustaceans	Such as prawns, lobster, scampi, crab, shrimp paste.
Molluscs	These include mussels, whelks, squid, land snails, oyster sauce.
Cereals containing gluten (namely wheat (such as spelt and Khorasan wheat), barley, rye and oats)	Also check foods containing flour, such as bread, pasta, cakes, pastry, meat products, sauces, soups, batter, stock cubes, breadcrumbs, foods dusted with flour.
Celery	This includes celery stalks, leaves and seeds and celeriac. Also look out for celery in salads, soups, celery salt, some meat products.
Lupin	Lupin seeds and flour in some types of bread and pastries.
Mustard	Including liquid mustard, mustard cress, mustard powder and mustard seeds, in salad dressings, marinades, soups, sauces, curries, meat products.
Sesame seeds	In bread, breadsticks, tahini, houmous, sesame oil.
Soya	As tofu or beancurd, edamame, tempeh, soya flour and textured soya protein, in some ice cream, sauces, desserts, meat products, vegetarian products.
Sulphur dioxide (when added and above 10mg / kg in the finished food and drink)	In meat products, fruit juice drinks, dried fruit and vegetables, wine, beer.

WHAT TO DO IF THINGS GO WRONG

If you think a child is having a severe allergic reaction:

- Do not move them
- If the child has a prescribed adrenaline auto-injector e.g. Epi pen and you have been trained to use it, administer it according to the child's care plan.
- Ring 999 and ask for an ambulance with a paramedic straight away
- Explain that the child could have anaphylaxis (pronounced 'anna-fill-axis')
- Send a responsible person outside to wait for the ambulance
- Contact the parent / guardian of the child after you have called an ambulance.

HOW TO STOP THIS HAPPENING AGAIN

- Make sure that you and anyone who helps with food preparation, understands how important it is to check all the ingredients of a food and knows about the symptoms and treatment of an allergic reaction. You can find out more about this in the pregnancy and baby guide on the NHS website.
- Review the way food is prepared for a child with a food allergy – are you cleaning effectively first and using clean equipment?

Safe method completed: Date:

Signature:

SAFE METHOD:

PEST CONTROL AND CHEMICAL CONTAMINATION

Effective pest control is essential to keep out pests and prevent them from spreading harmful bacteria. It is also very important that you prevent chemicals getting into food.

SAFETY POINT	WHY?
Pests Check regularly for signs of pests, for example, in your food cupboards.	Pests can carry harmful bacteria.
Make sure no food or dirty plates are left out at night. And clean up any food on the floor.	These are a source of food for pests.

TYPES OF PESTS

Rats and mice

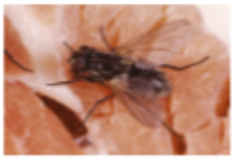
Look out for droppings, gnawed food or packaging.

Cockroaches and ants

Look out for the insects themselves.

Flies and other insects

Look out for insects and maggots.



SAFETY POINT	WHY?
Chemicals	
Always read the label and follow the manufacturer's instructions on how to use chemicals.	This is important to make sure that chemicals work effectively.
Never let pest control bait / chemicals, including sprays, come into contact with food, packaging, equipment or worktops.	Chemicals are likely to be poisonous to people.
Store cleaning chemicals (e.g. bleach, detergents) separately from food and make sure they are clearly labelled.	Storing chemicals properly is very important to keep food and children safe.
Keep all cleaning and pest control products out of reach of children.	

WHAT TO DO IF THINGS GO WRONG

- If you see signs of pests, call your local authority or a pest contractor immediately.
- If you think any equipment, worktops or utensils have been touched by pests, wash and then disinfect them thoroughly to stop harmful bacteria from spreading.
- If you think food has been touched by pests in any way, throw it away.
- If there is a risk that pest control or cleaning chemicals may have got into food, throw the food away.

Write down what went wrong and what you did about it in your action sheet.

Safe method completed: Date: Signature:

SAFE METHOD:

CLEANING

It is essential to keep your food preparation areas clean to get rid of harmful bacteria and allergens to stop them spreading.

SAFETY POINT	WHY?
Regularly clean and disinfect all the items people touch frequently, such as worktops, sinks, taps, handles, switches and high chairs. Cleaning needs to be carried out in two stages. First use a cleaning product to remove visible dirt from surfaces and equipment, and rinse. Then disinfect them following the manufacturers instructions and rinse with fresh clean water. If you use an all-in-one spray this should be used first to clean and again to disinfect. Allow these items to dry naturally or dry them with disposable kitchen towel. When using disinfectants and sanitisers, always follow the manufacturers instructions on the label. These instructions should tell you how to correctly dilute the product and how long you need to leave the product on the surface /equipment for harmful bacteria to be reduced to safety levels. Sanitisers and disinfectants should meet relevant standards, either BS EN 1276 or BS EN 13697.	It is important to keep these items clean to prevent dirt, harmful bacteria and allergens being spread to people's hands and then from their hands to food or other areas.  More information on control of cross contamination can be found on the **FSA website**.
Wash worktops, chopping boards and knives thoroughly before preparing food. Wash and disinfect them after preparing raw meat / poultry, fish, eggs or unwashed vegetables, fruit and salad. Ideally, wash them in a dishwasher, if appropriate. Do not overload the dishwasher and make sure it is maintained and serviced regularly. If you do not have a dishwasher, wash them in hot soapy water using diluted detergent. Remove grease and any food and dirt, then immerse them in very hot, clean water or rinse and disinfect using a suitable chemical. Leave to air dry, or dry with a disposable kitchen towel. Wipe up any spills as soon as they happen. Clean and then disinfect after wiping up spills from raw food.	This will help prevent dirt and harmful bacteria spreading onto food from the surface or equipment. Dishwashers wash items thoroughly at a high temperature, so this is a good way to clean equipment and kill bacteria (disinfect) and remove allergens.
Always use a clean cloth to wipe worktops, equipment or utensils. Ideally, use disposable kitchen towel wherever possible. Make sure cloths are thoroughly washed, disinfected and dried between tasks (not just when they look dirty). It is important to also wash and disinfect tea towels and oven gloves regularly. Ideally, wash cloths, tea towels, aprons and oven gloves separately from other laundry, in a washing machine on a hot cycle of 90°C. This will disinfect them. Or if you wash them by hand, make sure all the food and dirt has been removed by washing in hot soapy water before disinfecting them with very hot clean water.	Using dirty cloths or tea towels can spread harmful bacteria or allergens very easily. Using disposable kitchen towel will make sure that any bacteria or allergens picked up on the towel will not be spread. 

SAFETY POINT	WHY?
When cleaning up accidents (e.g. vomiting or diarrhoea) make sure that you clean, wash and disinfect the area thoroughly.	This prevents harmful bacteria from spreading.
Do not allow kitchen cloths to be used elsewhere in the house, e.g. when cleaning up after accidents (vomit or diarrhoea).	This is to prevent harmful bacteria spreading to the kitchen.
Follow the manufacturer's instructions on how to use and store cleaning chemicals. When you clean worktops / chopping boards, make sure that any cleaning chemicals you use are suitable for surfaces touched by food. Keep all chemicals out of reach of children.	Using and storing chemicals correctly is important to make sure they are effective and to keep children and food safe.

WHAT TO DO IF THINGS GO WRONG

- If you find that any item in your kitchen is not properly clean, wash and disinfect it and allow it to dry.
- If you think that a kitchen cloth has been used elsewhere in the house, throw the cloth away or wash and disinfect it before you use it again.
- After cleaning up accidents, change your clothes if you need to and make sure you wash your hands properly afterwards.

Write down what went wrong and what you did about it on your action sheet.

Safe method completed: Date: Signature:

SAFE METHOD:

KEEPING FOOD COLD

It is very important to keep certain foods cold because harmful bacteria can grow in them if they are not chilled properly. It is also important to take care when freezing or defrosting food.

SAFETY POINT	WHY?	HOW DO YOU DO THIS?
Certain foods need to be kept in the fridge to keep them safe e.g. • food with a 'use by' date • food that says 'keep refrigerated' on the label • cooked food e.g. food you have cooked in advance or leftovers • ready-to-eat food such as sandwiches, salads, cooked meat and some desserts Put food that you buy frozen e.g. ice cream, in the freezer straight away unless you are going to use it immediately.	If these types of food are not kept cold enough, harmful bacteria could grow. 	Do you put these types of food into the fridge (or freezer) straight away: • When you return with shopping or when food is delivered? ☐ • when a parent / guardian brings food? ☐ • after you have used it? ☐ • after you have cooked and cooled down food? ☐ If not, what do you do?
Make sure that you do not use food after its 'use by' date.	Food that has passed its 'use by' date might not be safe to eat.	It is a good idea to check 'use by' dates every day.
Make sure your fridge is set at 5°C or below and your freezer is working properly. You should check the temperature of your fridge every day. You only need to write it down if something goes wrong.	Setting your fridge at 5°C will make sure the food is kept at 8°C or below. This is a legal requirement in England, Wales and Northern Ireland, and recommended in Scotland.	You can check this using a fridge thermometer. Some fridges will have a digital display to show what temperature they are set at but you should check regularly that the temperature shown on the display is accurate, using a fridge thermometer.
If you take food (e.g. sandwiches or yoghurts) with you when you go out, it is a good idea to use a cool bag and frozen bottles of water or ice blocks to keep the food cold until you are ready to eat it. If food is not kept cold (e.g. picnic food, party food) it should be consumed as soon as possible, within a maximum of 4 hours.	It is important to keep chilled food cold to prevent harmful bacteria from growing.	Do you do this? Yes ☐ No ☐
If you cook food that will not be eaten immediately (or have leftovers), cool it down, ideally within one to two hours, and then put it in the fridge or freezer. Use up any leftovers within 48 hours. You can make food cool down more quickly by dividing food into smaller portions.	Harmful bacteria can grow in food if not cooled down quickly and then put in the fridge or freezer.	

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SAFETY POINT	WHY?	HOW DO YOU DO THIS
Defrosting Food should be thoroughly defrosted before cooking (unless the manufacturer's instructions tell you to cook from frozen). If the manufacturer gives instructions on how to defrost the food, follow these.	If food is still frozen or partially frozen, it will take longer to cook. The outside of the food could be cooked, but the centre might not be, which means it could contain harmful bacteria.	Do you check food is thoroughly defrosted before cooking? Yes ☐ No ☐ If not, what do you do?
Ideally, defrost small amounts of food in the fridge. (Try to plan ahead and allow enough time for foods to defrost in this way.)	Putting food in the fridge will keep it at a safe temperature while it is defrosting.	Do you use this method? Yes ☐
You could also defrost food in the microwave on the 'defrost' setting as long as the food is going to be cooked straight away.	This is a fast way to defrost food.	Do you use this method? Yes ☐
Only defrost foods at room temperature if they do not need to be kept in the fridge e.g. bread.	Foods will defrost quite quickly at room temperature but harmful bacteria could grow in some food if it gets too warm while defrosting.	Do you do this? Yes ☐ No ☐

THINK TWICE!

Keep meat / poultry separate from other food when it is defrosting, to prevent cross-contamination. Once food has been defrosted keep it in the fridge and use it within 24 hours. Do not freeze the food again.

WHAT TO DO IF THINGS GO WRONG

- If you notice food has passed its 'use by' date, throw it away.

If your fridge is not working properly, you should:

- Move food that needs to be kept cold to another fridge (if you have one) or a cold area, or put it in a cool bag containing an ice block. If you cannot do this use the food straight away, or if you do not know how long the fridge has been broken down, throw the food away.
- If food that should be kept cold, has been left out of the fridge for a long time and is no longer cold, you should throw it away.

If you find that your freezer is not working properly, you should do the following things:

- **If food is still frozen** (i.e. hard and icy) it should be moved to another freezer straight away, if you have one. If you do not have another freezer, defrost the food safely and use within 24 hours.
- **If food has begun to defrost** you should continue to defrost it safely and use within 24 hours.
- **If food has fully defrosted** (i.e. it is soft and warm), throw the food away.
- **If food that needs to be kept frozen** (e.g. ice cream) has started to defrost, do not refreeze it. Use it immediately or throw it away.

Write down what went wrong and what you did about it on your action sheet.

Safe method completed: Date: Signature: