

Health Policy

Ben Rhydding Pre-School
September 2025



Contents

1. Health policy	p3
2. Health procedures	
2.1: Accidents, incidents, choking and emergency treatment	p4
2.3: Administration of medicine	p5
2.4 : Life-saving medication and invasive treatments	p8
2.5 : Allergies and food intolerance	p9
2.6 : Poorly children	p10
2.7 : Infection control	p12
2.8 : Oral health	p13
2.9 : Sun protection	p14

Appendix:

1. Health Care Plan
2. Incident Record
3. Accident Form for Staff
4. Accident/Incident form not in setting
5. Administering Medication Form
6. Record of Emergency
7. Temperature record
8. Bumped Head information sheet

1. Health policy

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary by trained individuals
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- promote oral health through activities and visits from professionals
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014

2 Health procedures

2.1 Accidents, incidents, choking and emergency treatment

Person responsible for checking and stocking first aid box: Becky Nash and Helen Northway

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in our Food Safety Policy and Procedures.

- Parents consent to emergency medical treatment consent on registration.
- Within a session, at least one member of staff will have a current paediatric first aid (PFA) certificate. First Aid certificates are renewed at least every three years.
- Staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
 - Individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 2 individually wrapped triangular bandages (preferably sterile)
 - Large, individually wrapped, sterile, unmedicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
 - Thermometers
- A supply of icepacks are kept in the kitchen freezer
- For minor injuries and accidents, First Aid treatment is given and the event is recorded on Tapestry.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child. Parents/guardians need to confirm digitally on Tapestry they are aware of the minor injury/accident.
- If a child is unduly upset or members of staff have any concerns about the injury they will contact parents/guardians to discuss.
- If a child has a significant head bump or other injury, parents are called and may be asked to collect. An information sheet on head bumps is given to parents.

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- Parents or carers are contacted as soon as possible and informed of what has happened.
- First aid is given until the ambulance arrives on scene.
- A copy of the child's registration form is taken to the hospital with the child if the parents aren't present.

Recording and reporting

- In the event of a very minor accident/incident for a child (no visible mark), this is recorded on the daily 'Communication Record'. This is then verbally reported to parents/carers upon collection.
- In the event of a minor accident for a child, this is recorded on the child's profile on Tapestry and carers are alerted automatically at the point of record. Carers then sign on Tapestry to confirm notification.
- In the event of a head injury, carers are emailed or called. It is recorded on Tapestry and a 'head bump' information sheet is given upon collection.
- In the event of a minor accident for an adult, a record of this is entered on an Staff Accident Form (see appendix).
- In the event of an incident for a child or adult, a record of this is entered on an Incident Form (see appendix).
- Any suspected food poisoning outbreaks (two or more linked cases) are reported to the local Health Protection Team (HPT) or Environmental Health Officer (EHO). All confirmed cases of food poisoning affecting two or more children are reported to Ofsted within 14 days. Parents are informed of any contagious infections in setting to monitor their children for similar symptoms.
- All accidents and incidents are reviewed monthly by the management team to discuss any patterns and interventions needed. These are split into 'Pre-School' and 'Younger' groups.
- In the event of a serious accident, injury, or serious illness, the management team notifies the owner/trustees/committee using our Record of Emergency form (see appendix), as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- Notification to Ofsted would be made as soon as is reasonably practicable in the event of a serious illness of, or the death of, any child whilst in our care and always within 14 days of the incident occurring. Any advice given will be acted upon. The

designated person will, after consultation with the committee, inform local child protection agencies of these events.

Choking/anaphylaxis

- High risk choking foods are not served to children in our care. Staff check lunch boxes for high risk foods and remove/cut up as required.
- Parents/carers are provided with information on 'safe eating'.
- Staff sit facing children for the duration of snack/lunch so they are within sight and hearing. Children are not permitted to share food to avoid allergic reactions.
- All staff are aware of signs/symptoms of choking, allergies and anaphylaxis and qualified First Aid trained staff are in the room at all times.
- Staff are aware allergies can develop at any time.
- Food is prepared as per guidance; <https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/food-safety>
- Staff prepare food as per a child's individual development needs. These needs are established on application and are reviewed regularly with parents/carers and communicated to staff.
- Children are encouraged to eat in a way to prevent choking by sitting at age/stage appropriate chairs and tables.
- Children are sat together on appropriately sized chairs where distractions are minimised.
- Children are supervised when using play resources that could be considered a choking hazard. Only age appropriate resources are used.
- Any choking incidents are reported on an 'Incident Form' and reviewed by the management team and shared with parents if significant.

Recordings of accidents, incidents, choking and emergency treatment are reviewed monthly by the management team to track any patterns and consider improvements/efficiencies.

2.2 Administration of medicine

Staff are responsible for administering prescribed medication only to children. All staff ensure consent forms are completed, medicines stored correctly and records kept.

Over the counter medication eg; Calpol, will not be administered during the day unless prescribed or in a temperature emergency.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Record keeping and consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent to administer medicines. A childminder, grandparent, parent's partner who does not have PR, cannot give consent. Permission can be given verbally or in writing.
- Prescription medicines must only be administered if they have been prescribed by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor)
- Carers must complete an Administering Medication Form and this is kept on the register. Completed forms are kept in the Medication file in the office. All staff are to be made aware via our WhatsApp Comms Group.

Details obtained by the form are;

- name of child
- name of medication, storage and instructions
- dosage and time to be given
- name and signature of staff member who administers the medication and witness.
- how the medication should be stored and expiry date
- Parents are to sign the medication in and out.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.

Storage and administration of medicines

All medicines are stored safely. Refrigerated medication is clearly labelled in the kitchen fridge

- When medication is received, a 'Medicine' sign is put on the child's peg and the register to alert and remind staff.

- An alarm is put on the school mobile phone to alert staff to administer the medication.
- The person on 'door out' is responsible for ensuring medicine is handed back at the end of the day to the parent and the form is signed.
- For some conditions, medication for an individual child may be kept at the setting either in the fridge or on the top shelf of the First Aid cupboard as required. In such cases a Health Care Plan is put in place. The management team check that it is in date each term and return any out-of-date medication to the parent.
- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell staff what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored monthly to look at the frequency of medication being given.

Children with long term medical conditions requiring ongoing medication

- A Risk Assessment and Health Care Plan is carried out for children that require ongoing medication. This is the responsibility of the management team.
- Parents contribute to the Risk Assessment and Health Care Plan. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, staff will require basic training to understand the condition and know how medication is administered. Training needs is part of the risk assessment. A child will not be permitted in the setting until training is complete.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- The plan is reviewed with parents/carers every term (more if needed).

Managing medicines on trips and outings

- Children are accompanied by staff who are fully informed about their needs and medication.
- Medication is taken in a container labelled with the child's name, name of medication and the Administering Occasional/Stored Medication Form for completion.
- If a child on medication has to be taken to hospital, the child's medication is taken with them

Staff taking medication

Staff taking medication must inform the management team and complete a Health Declaration Form. These are reviewed within supervisions.. The medication must be stored securely in their bag or a secure area away from the children. Long term medication needs to be stored in the First Aid Cupboard. The management team must be made aware of any contraindications for the medicine so that they can risk assess and take appropriate action as required.

Sudocrem

Upon registration, parents/carers are asked to give consent for the application of Sudocrem. If deemed necessary but no written permission obtained, staff will contact parents.

2.3 Life-saving medication and invasive treatments

- Staff are trained on an individual basis for a child who may require life saving medication such as an EpiPen or Epilepsy medication.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- Staff work in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a Health Care Plan in place which takes into account the principles and best practice guidance given here.
- Staff have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Staff speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another member of staff is present during the administration of treatment/medication.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- A Health Care Plan is written in partnership with parents and professionals.
- 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 parents allowing members of staff to administer medication
- 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 letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made via the Administering Medication Form for the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that staff should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/child protection

- Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If an educator has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency and are stored in the First Aid cupboard.

2.4 : Allergies and food intolerance

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, a risk assessment form is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)

- the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
- control measures, such as prevention from contact with the allergen
- review measures
- A Health Care Plan will be completed in addition to a Risk Assessment form if medication is prescribed for an allergy and also include:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. Epipen)
 - A copy of the Risk Assessment and Health Care Plan is kept in the child's personal file and is shared with all staff
 - Parents show staff how to administer medication in the event of an allergic reaction.
- If a child has a dietary preference or limit only, a risk assessment form is completed
- No nuts or nut products are used within the setting.
- Parents are advised that we are a nut free setting and made aware that if nut products are accidentally present, they will be removed from the lunchbox.
- Staff check lunchboxes to ensure Risk Assessments are met ie; no eggs/nuts.
- If a child has a dietary requirement, their name is added to the Dietary Requirements list which is placed on the kitchen door. Any allergies such as plasters/suncream are added to the Allergies List in the First Aid cupboard.

2.5 Poorly children

- If a child appears unwell during the day, seems lethargic, has sickness, diarrhoea and/or pains, the Management Team calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- See appendix for 'Temperature Record' for protocol on children with a temperature. Parents are asked to sign the Temperature Record upon collection and are given a copy.
- A child with a temperature is kept cool by removing top clothing, offered cool water to drink and are kept away from draughts.
- In an emergency an ambulance is called and the parents are informed.

- Parents are advised the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents may be asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Activities such as sand, sensory materials and water play will be disposed of and self-serve snack will be suspended for the duration of any outbreak.
- Staff will wear gloves to prepare snack
- The setting has information about excludable diseases and exclusion times as per Gov.uk and is displayed on the office notice board.
- The Management Team notifies the committee if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The Management Team has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA) and Ofsted in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

HIV/AIDS procedure

HIV virus, like other viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

- Single use vinyl 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 bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using the Body Fluid kit kept in the children's bathroom.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant and cloths disposed of.
- All toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

Further guidance

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

[Medication Administration Record](#) (Alliance Publication)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

2.6 : Infection control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend and stay at home for the recommended exclusion time as advised by UKHSA and UK.gov.
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.
- Daily cleaning of touch point surfaces

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the UK Health Security Agency (UKHSA). Call the Yorkshire and Humber team on 0113 386 0300 for advice.

Informing others

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

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

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

Further guidance

Good Practice in Early Years Infection Control (Alliance Publication)

2.6.1 : Covid policy

UKHSA guidance states that it is not recommended that children are tested for COVID-19 unless directed to by a health professional. For children and young people aged 18 and under who are recommended to take a COVID-19 test by a health professional and test positive, the advice is to try to stay at home and avoid contact with other people for three days.

Adults are no longer required to do a COVID-19 rapid lateral flow test if they have symptoms. Adults with a positive COVID-19 test result are advised to try to stay at home and avoid contact with other people for three days, which is when they are most infectious.

2.7 : Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Some members of staff have completed an Oral Health Training course.
- Resources to practise toothbrushing routines and books are shared regularly with children.
- We have information available to share with parents on oral health
- Fresh drinking water is available at all times and easily accessible.
- Only water and milk are served with morning and afternoon snacks (no sugary drinks)
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionery as a snack or treat.
- We have visits from dental professionals
- We provide contact details of local dentists for parents where children are not yet registered.

Pacifiers/dummies

- If dummies are brought into setting we encourage them to stay in their bags unless needed for comfort. They are to be used in a calm environment (not during play).
- Dummies that are damaged are disposed of and parents informed

2.8 : Sun Protection Policy

We want staff and children to enjoy the sun safely. We will work with staff and parents to achieve this.

- All children will be made aware of sun safety and sun protection issues by a variety of activities including discussion, stories, songs and providing opportunity for small group discussion using role play or small world activities.

- Adults will model good practice by protecting themselves from the sun by means of sunhat, sunglasses and sunscreen where appropriate.
- Parents will receive information at the start of summer term explaining how they can support Pre-school in encouraging sun safety.
- Staff will check the UV rating each morning during between mid March and mid September. If it is UV 3 or above at any point in the day, suncream and hats will be worn and activities will be set up in shaded areas.
- Protection from the sun will be provided through use of shade and gazebos and removable shades will be used to provide instant, portable shade in the playground area as much as possible.
- All children will wear appropriate clothing to protect the skin and be actively encouraged to wear a hat when playing outside in the sunshine.
- Parents will be asked to provide named sunhats. Pre School will have a supply of factor 50 sunscreen to apply to all children.
- Pre-school will ask parents/carers to send their children with factor 50 sunscreen already applied and we will check their names off on the register. Staff will reapply as recommended.

Further guidance

www.nhs.uk/conditions

www.healthystart.nhs.uk

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>