Health and Wellbeing Policies

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Managing children who are sick, infectious, or with allergies

(Including reporting notifiable diseases)

Policy statement

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. We provide care for children who may become unwell during their session, until a parent can be contacted, and arrangements made for their child to be collected at the earliest opportunity.

Procedures for children who are sick or infectious

- If a child becomes ill during the nursery day and is not well enough to cope with the rigours of nursery, we will contact their parent(s) to arrange collection of the child at the earliest opportunity. We will care for the child in a quiet, calm area with an adult familiar to them wherever possible. We follow the guidance given to us by UK Health Security Agency, (formerly Public Health England) on infection control in schools and other childcare settings and advice from our local health protection unit on exclusion times for specific illnesses, e.g. chicken pox, measles and sickness and diarrhoea, to protect other children in the nursery.
- If a child has a raised temperature of 38 degrees Celsius or higher, we will follow the NHS guidance available at https://www.nhs.uk/conditions/fever-in-children/. Parents will be called to collect their child immediately. In the event that a parent is unavoidably delayed collecting their child, we may administer one 5ml dose of Calpol if there is a risk of the child suffering a febrile convulsion due to a spike in temperature. Consent will be sought from the parent before administering.
- The child's temperature is taken using a digital thermometer and recorded on a sick child monitoring record.
- In extreme cases of emergency, an ambulance will be called, and a member of the management team will accompany the child to the hospital. The child's parents/carers will be informed.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable. Parents are asked that if your child shows any signs of being unwell, they are kept at home to be cared for by family members.
- If the child is unwell enough to receive prescribed medication, the child must start the course immediately. A period of 24 hours must pass from the start of a course of antibiotics before the child can return to nursery.
- Should a child have sickness and diarrhoea, they must not return to nursery until they have been clear for 48 hours.
- We notify Ofsted as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with food poisoning. We inform all parents if there is a

contagious infection identified in the nursery, to enable them to spot early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection. We periodically use an Ozone air sanitiser to kill viruses and bacteria in the rooms.

- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- Staff are provided with face masks for when cleaning up sickness and diarrhoea.
- The nursery has a list of excludable diseases and current exclusion times. The full list is displayed on the parents/carers notice board and includes common childhood illnesses such as measles.
- If staff are required to monitor children who are sick, then the staff must complete the sick child monitoring record.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the nursery becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted within 14 days and acts on any advice given by the Health Protection Agency.
- A full list of notifiable diseases is available on the office notice board.

HIV/AIDS/Hepatitis procedure

- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single-use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, faeces or vomit.
- Protective rubber gloves are used for cleaning clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using anti-bacterial and anti-viral detergent; and are disposed of.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using an anti-bacterial and anti-viral cleaner.

Nits and head lice

- On identifying cases of head lice, all parents are informed and asked to collect their child. Once the lice have been removed through a topical treatment method or physical removal, the child may return to nursery.

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
- We make information/posters about head lice readily available, and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if you could inform the nursery so that other parents can be alerted to check their child's hair.

Conjunctivitis

- If a child is suspected to have conjunctivitis, then the Room Manager will telephone to advise Parents or Carers to seek medical advice from their GP or the child may be excluded from nursery until the child is better at the manager's discretion.

Insurance requirements for children with allergies and disabilities

The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below.

Procedures for children with allergies

- When parents start their children at the nursery they are asked if their child suffers from any known allergies. This is recorded on the Registration Form, Allergies form and the room introduction form. If a child has an allergy, the nursery will request a confirmation letter of diagnosis from a doctor or paediatrician before they start the nursery.
- If a diagnosis is made while the child is already in nursery, we will request a letter of confirmation from a doctor or paediatrician as soon as possible.
- If a child has an allergy, a health care plan and a risk assessment form 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).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
- This care plan and risk assessment form is kept on the office information board and a copy is kept in the emergency evacuation bag in the room and displayed in the appropriate area.
- No nuts or nut products are used within the nursery.

- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.
- Parents and visitors are not to give food or drink to any child other than their own when attending a nursery event or outings. This is to prevent any children with special diets being given the wrong food.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Oral medication:

  - Asthma inhalers are now regarded as 'oral medication'. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
  - We must be provided with clear written instructions on how to administer such medication.
  - We adhere to all health care plans and risk assessment procedures for the correct storage and administration of the medication.
- Life-saving medication and invasive treatments:
  These 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).
- The key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
  - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
  - The key person/senior staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

Infection Control

At Littleworld Day Nurseries we promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus, which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with the virus.

We follow the guidance below to prevent a virus or infection from moving around the nursery. Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch germs and ensure that the tissue is disposed of, and children wash their hands

- Develop children's understanding of the need for good hygiene procedures in helping them to stay healthy
- Wear appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any bodily fluids. Staff are requested to dispose of these in the appropriate way and wash hands immediately
- Clean all potties and changing mats before and after each use
- Clean toilets during lunch time and check on them through the day
- Remind children to wash their hands before eating, after the toilet, playing outside or being in contact with any animal and explain the reason for this
- Clean all toys, equipment and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial and antiviral cleansers or through washing in the washing machine
- Wash and clean all equipment used by babies and toddlers as and when needed including when the children have placed it in their mouth
- Store dummies safely, clearly labelled with the child's name to prevent cross-contamination with other children
- Immediately clean (where necessary) any dummy or bottle that falls on the floor or is picked up by another child
- Provide labelled individual bedding for children that is not used by any other child
- Ask parents/carers and visitors to remove all outdoor footwear or use shoe covers when entering baby room where the child sit and crawl on the floor
- Follow the *Managing children who are sick policy* when children are ill to prevent the spread of any infection in the nursery. Staff are also required to stay at home if they are contagious

In addition:

- The nursery manager retains the right of refusal of all children, parents/carers, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises.
- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

Infection Control Advice (Basingstoke and North Hampshire) 01256 486774

Royal Hampshire County Hospital 01962 825170 or 01962 824483

Immunisation

At Littleworld Day Nurseries we expect that children are vaccinated in accordance with the government's health policy and their age. We ask that parents inform us if their children are not vaccinated so that we can manage any risks to their own child or other children/staff/parents in the best way possible. The nursery manager must be aware of any children who are not vaccinated within the nursery in accordance with their age.

Children will be required to stay at home after receiving any form of immunisation-including vaccinations or oral and nasal sprays, (for example the Flu spray) for the remainder of that day. This is to support their well-being in the event of any side effects, and to protect other nursery members from contact with 'Live Vaccines'.

We make all parents aware that some children in the nursery may not be vaccinated, due to their age, medical reasons or parental choice. Our nursery does not discriminate against children who have not received their immunisations and will not disclose individual details to other parents. However, we will share the risks of infection if children have not had immunisations and ask parents to sign a disclaimer.

We record, or encourage parents to record, information about immunisations on children's registration documents and ask parents to update this information on their famly record as and when necessary. This information is checked during their settling in paper work session during a child's 2year review meeting.

Administering medicines

Policy statement

At Littleworld Day Nurseries we promote the good health of children attending nursery and take necessary steps to prevent the spread of infection (see Managing children who are sick, infectious or with allergies policy). If a child requires medicine we will obtain information about the child's needs for this and will ensure this information is kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below.

The nursery WILL NOT administer any medication unless prior written consent is given for each and every medicine.

Illness

- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable. Parents are asked that if your child shows any signs of being unwell, they are kept at home to be cared for.
- For information on infection control and infectious diseases visit the UK Health Security Agency website and view their document titled 'Infectious diseases: schools and other childcare settings. If the child is deemed well enough to stay at the setting, the parent/ carer must be asked if any kind of medication has already been given, at what time and in what dosage and this will be recorded.
- If the child is unwell enough to receive prescribed medication, they must start the course immediately. A period of 24 hours must pass from the start of a course of antibiotics before the child can return to nursery.

Medication Prescribed by a Doctor, Dentist, Nurse or Pharmacist

(Medicines containing aspirin will only be given if prescribed by a doctor)

- Prescription only medicine will be given when prescribed by the above and only for the person named on the dispensing label on the bottle/container for the dosage stated
- Medicines must be in their original containers

- If the child refuses to take the appropriate medication a note will be made on the form. Where medication is “essential” or may have side effects, discussion with the parent will take place to establish the appropriate response. This will be documented on the form accordingly.

Non-prescription Medication (also known as over the counter medicine)

- If any child is brought to the nursery in a condition in which he/she may require medication sometime during the day, the manager will decide if the child is fit to be left at the nursery. Any child with a high temperature must be kept at home.
- The nursery will not administer any non-prescription medication containing aspirin. Only non-prescription medication, such as teething gel, or topical ointments for recognised skin conditions such as eczema, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so. The administering of non-prescribed medication is recorded in the same way as any other medication.
- In the event of a child presenting with a high temperature, steps will be taken following NHS guidance on reducing the temperature, found at https://www.nhs.uk/conditions/fever-in-children/ The parent or emergency contact will be called to collect the child immediately.
- The nursery will only administer non-prescribed medication for a short initial period and only if necessary. After this time parents / carers will be advised to seek medical advice
- The nursery reserve their right to refuse to administer medication if they feel that the child does not need the medication or deem further medical attention is required.
- In the event that medication such as eye drops are advised by a pharmacist, the nursery will administer these at the managers discretion, checking that they are appropriate for the age of the child and the purpose. A medication form must be completed prior to administration.

Administering all types of medication

- For all medication the parent/carer must give prior written permission for the administration of each and every medication
- Medicines must be in their original containers
- This also applies to non-prescription creams or ointments for skin conditions
- The parent / carer will complete the relevant form to enable the nursery to administer the medication(s) required. The form will include:
    - Child’s name and date of birth
    - Name and strength of medication
    - Dose
    - Any additional requirements (such as to be taken with food)

- The management team are responsible for receiving all types of medication; they will ask for a Medicine Permission Form to be completed, store the medication correctly and safely, and inform the child's room manager for their records
- The written permission is only acceptable for the medication listed and cannot be used for similar types of medication
- Parents must notify the nursery IMMEDIATELY if the child's circumstances change, e.g. a dose has been given at home, or a change in strength/dose needs to be given
- Any significant changes in the details listed above must be recorded on a new form and countersigned by the parent/ carer
- The nursery will only administer as per the information listed on the form and on the original packaging
- At each visit the child's parent/carer will be asked if there have been any changes to the requirements stated on the form. If there have been changes, a new form must be completed and counter-signed by the parent/carer
- When the child is picked up from the setting, the parent / carer must be given an update as to the times and dosage given throughout the day. The parent's signature must be obtained confirming this information has been given
- At the time of administering the medicine, a member of the management team, or the child's keyperson, will ask the child to take the medicine, or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. A member of the management team, if not administering the medication themselves, must bear witness, and sign the record accordingly.
  N.B. It is important to note that staff working with children are not legally obliged to administer medication
- Children's medicines are stored in their original containers in English, are clearly labelled and are inaccessible to the children. On receiving the medication, the manager on duty will check that it is in date and prescribed specifically for the current condition.
- If a child refuses to take their medication, notes are made and then parents/carers are called to inform them.
- All lifesaving medication is kept in the child's room, in a clearly labelled box also containing the child's health plan, stored in the emergency evacuation bag.
- All other medication is kept in the office, or if needed to be kept cool in a box in the refrigerator in mouse/piglets. Creams are stored in the bathroom area.
- All senior staff in each room must inform new staff as part of their induction process.
- If a child displays a side effect of medication at any time, parents will be contacted and may be asked to collect their child from nursery and asked to seek further medical advice.
- Medication forms will be reviewed each month.

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 Room manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP, if necessary, where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months, or more 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.
- Emergency medication to support a long term health condition such as an inhaler or EpiPen must be available at all times the child attends nursery.
- It is the parents' responsibility to ensure that sufficient medication is provided to nursery, and that medication is in date. Staff will check periodically and let parents know if the expiration date is imminent.

Emergency Treatment

- During the registration of a child new to the setting, parents will be asked if they are happy to give consent to 'emergency' treatment being given by medical professionals, in the event of an accident or sudden illness. We will endeavour to contact parents and authorised named carers, but in the event that contact cannot be made, we will give permission on your behalf, unless you tell us not to, in writing, during the registration process.
- In the event that your child has a raised temperature above 38 degrees Celsius, that is not reduced by following the guidance from https://www.nhs.uk/conditions/fever-in-children/, and parents are unavoidably delayed from the prompt collection of the child, a 5ml dose of Calpol may be given,

to prevent the risk of febrile convulsion. Permission will be sought by the child's parent prior to administering the dose and a record made of the dose administered.

- An 'emergency' nursery stock of Calpol will be kept on site, for this purpose only, and kept in accordance with manufacturer's instructions on the container (e.g. cool dark place, out of the reach of children)
- Stock will be checked at regular intervals by the designated trained first aider to ensure there is ample supply and is still within its expiry date.
- Where parents cannot be contacted the Nursery Manager will take the decision as to whether the child is suitable to receive the 'emergency' medication based on the symptoms and medical history of the child given at registration
- Administering 'emergency' non-prescription medication will be a last resort and the nursery staff will use other methods first to try and alleviate the symptoms. The child will be closely monitored until the parents collect the child.
- When emergency Calpol is administered this will be recorded on a medication form on Famly for parents to acknowledge.

Injections, Pessaries, Suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include a member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's photo, name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the nursery the information is entered on to the medicine record and the parent acknowledge this on the medicine form on famly.
- 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 care plan signed by the parent.
- This procedure is read alongside the outings procedure.

Administration

As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure a drink is available if appropriate (some medication can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication: name of child, dose, route of administration (e.g. by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date and ensure this is the same information on the Medication Form
- If there is any doubt about any procedure staff should not administer, but seek advice from parent/ carer or health professional
- If a child refuses the medication, they must not be forced. Staff can try to encourage them or perhaps get someone else to try. Under no circumstances should staff attempt to hide the medicine in food or drink, unless there is express written permission from parents to do so
- It is normally considered poor practice to give medicines covertly, although in rare cases where the health professionals judge that it is in the child's interests to do so, this is acceptable. Some children do find tablets difficult to swallow so may be given them, with their full knowledge, in, for example, a spoonful of jam. Even in these circumstances parents must give written instructions as some medicines can react with certain foods it is advisable they have sought advice from their pharmacist before doing this.

Staff Fitness to Work & Staff Medication

- All nursery staff have a responsibility to work with children only where they are fit to do so
- Staff must not work with children if they are infectious or too unwell to meet children's needs. This includes circumstances where medication taken by staff affects their ability to care for children, for example, where it makes a person drowsy.
- If staff members believe their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager immediately
- The nursery manager or director may make the decision that a staff member is not fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment
- Where staff may occasionally or regularly need medication, any such medication must be kept in the medication cupboard in the office. Only medication with the original packaging can be stored on site. The manager must be informed of the type of medication and reason for requirement a medical questionnaire is completed and updated when any changes occur. Medication that is

required to be accessed in an emergency, such as an asthma inhaler, is kept clearly labelled in the emergency evacuation bag.

- Staff requiring long term medication must complete a Health care plan with their line manager which will be routinely reviewed. It is the staff member's responsibility to keep their line manger updated with any health or medical needs.

Medication Errors

- Occasionally mistakes may happen. In most cases, whether it is a missed dose, or a medicine given in error there will be no harm done. It is important to be open and honest if errors occur
- Parents should be contacted, and the mistake explained to them:
- In the case of a missed dose, the dose may be able to be given later. The parent may be able to advise
- Where a dose has been given in error, it is important the child is monitored for any reactions and medical advice sought if there are concerns. It is important to inform the parent/ carer as this may happen after the child leaves the setting
- The Nursery Manager will investigate all medication errors and put in preventative actions to ensure future errors do not occur.

Disposal of Medication

- Tablets and capsules are occasionally dropped on the floor or spat out. In this case we will place the tablet in a labelled envelope and hand to the parents to be disposed of later
- In no circumstances should it be flushed down the toilet or thrown in the bin
- When a child leaves the setting, ceases to need medication or if a medicine has passed its expiry date, we will return any unused quantity to the parents. If this is not possible then we will take it to a local pharmacist for safe disposal.

Recording and reporting of accidents and incidents

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

Policy statement

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

Procedures

Our accident and incident records:

- are kept electronically on famly.
- are accessible to staff, who all know how to complete them; and
- are reviewed weekly to identify any potential or actual hazards.

We have separate recording methods for:

- **accidents and incidents**-are recorded on famly. Parents will be notified by the App that an accident has been entered and a phone call will be made to parents in the event of an injury above the shoulders or requiring first aid. Parents will be registered for the Famly App during the registration process. Parents will be asked to sign the electronic record. Paper accident and incident forms may be used temporarily in the event of IT issues or other unforeseen circumstances. In this instance, you will be called as normal and asked to sign a paper record upon collection.
- **home injuries**-are completed on arrival in nursery, or as soon as an existing injury is identified, where possible the parents will document this on famly, if they are unable to due to time constraints parents will send a message to nursery where a staff member will copy and past the information in the message stating where, when and how the accident occurred with any first aid administered parents must then acknowledge this once it has been posted. .
- **staff accidents**- are recorded in a staff accident record. These are recorded by the nursery manager or deputy manager.

Reporting accidents and incidents

- Parents / carers are informed of a child's accident or incident as soon as possible after the event, but at the very latest, by the end of the day. They are asked to acknowledge the sharing of details regarding the accident or incident which is published on famly.
- In the event of an accident resulting in an injury above the shoulders, or requiring any type of first aid, parents are informed.
- In the event that a child suffers an injury requiring first aid and we are not able to contact parents or their nominated authorised contact, NHS 111 will be called to seek medical advice on actions to take. This may include calling an ambulance to take a child to hospital. We will continue to make every effort to contact parents.
- Ofsted is notified as soon as possible, but at least within 15 days of any instances which involve:
  - food poisoning affecting two or more children looked after in our nursery.
  - a serious accident or injury to, or serious illness of, a child in our care or an incident of choking and the action we/ take in response; and
  - the death of a child in our care.
- SYFC 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 in our nursery is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive:
  - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
  - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
  - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
  - When one of our employees suffers from a reportable occupational disease or illness.
  - Any death, of a child or adult, that occurs in connection with a work-related accident.
  - Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
  - Information for reporting incidents to the Health and Safety Executive is provided. Any dangerous occurrence is recorded on our incident form (see below).

Major Incident Form

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises, we have contact numbers for the electricity emergency services, and a carpenter and plumber. Clatford Nursery rent their premises, who have access to the person responsible, the Landlord, and that there is a shared procedure for dealing with emergencies
- We keep an incident form for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - a break in, burglary, or theft of personal or the nursery's property.
  - an intruder gaining unauthorised access to the premises.
  - a fire, flood, gas leak or electrical failure.
  - an attack on a member of staff or parent on the premises or nearby.
  - any racist incident involving staff or family on the nursery'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, and
  - a terrorist attack, or threat of one.
- On the incident form 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 Fire Safety and Emergency Evacuation Policy will be followed, and staff will take charge of their key children, which could also include buddy 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 in the case of a baby, the emergency services are called, and the advice of these services are followed.
- The incident form is not for recording issues of concern involving the safety and wellbeing of a child. This is recorded in the cause for concern file.

Drugs and Alcohol

Policy statement

At Littleworld Day Nurseries we are committed to providing a safe environment that helps to ensure the welfare of the children in our care. This includes making sure that children are not exposed to adults who may be under the influence of alcohol or other substances that may affect their ability to care for children.

This policy applies to all staff, parents/carers, students, volunteers and visitors within Littleworld Day Nurseries.

We recognise that a drug or alcohol problem may be an illness and it will be treated in the same way as any other illness.

Drug and alcohol misuse, in most cases, will be evident through behaviour. Other possible indicators could be:

- Patterns of depression and fatigue (often after the weekend)
- Short term or frequent patterns of absence
- Poor time keeping
- Erratic performance
- Lack of discipline
- Unusual irritability or aggression
- Over confidence
- Mood swings
- Inappropriate behaviour
- Reduced response time
- Easily confused.

However, it is essential to note that these indicators could equally apply to other illnesses such as stress, and each situation must be assessed thoroughly.

Alcohol

Under the Health and Safety at Work Act 1974, companies have a legal requirement to provide a safe working environment for all of their employees.

Anyone who arrives at the nursery clearly under the influence of alcohol will be asked to leave.

If they are a member of staff, the nursery will investigate the matter and will initiate the disciplinary process as a result of which action may be taken, including dismissal.
If they are a parent the nursery will judge if the parent is suitable to care for the child. The nursery may call the second contact on the child's registration form to collect them.
If a child is thought to be at risk the nursery will follow the safeguarding children/child protection procedure and the police/children's social services may be called.
If anyone arrives at the nursery in a car under the influence of alcohol the police will be contacted.
Staff, students, parents, carers, visitors, contractors etc. are asked not to bring alcohol on to the nursery premises. Where alcohol is donated to the nursery, for example as a gift or a prize in a social event, this must be stored in the office.

Drugs

Anyone who arrives at the nursery under the influence of illegal drugs, or any other substance including medication, that affects their ability to care for children, will be asked to leave the premises immediately.
If they are a member of staff, an investigation will follow which may lead to consideration of disciplinary action, as a result of which dismissal could follow.
If they are a parent the nursery will judge if the parent is suitable to care for the child. The nursery may call the second contact on the child's registration form to collect them.
If a child is thought to be at risk the nursery will follow the safeguarding children/child protection procedure and the police may be called.
The nursery will contact the police if anyone (including staff, students, volunteers, contractors and visitors) is suspected of being in possession of illegal drugs or if they are driving or may drive when under the influence of illegal drugs.
If they are a member of staff serious disciplinary procedures will be followed.
If a member of staff is taking prescriptive medication that may affect their ability to work, they must inform the nursery manager as soon as possible to arrange for a risk assessment to take place.

Safeguarding/child protection

If a parent or carer is clearly over the alcohol limit, or under the influence of illegal drugs and it is believed the child is at risk we will follow our safeguarding/child protection procedures, contact Local Authority children's social care team and the police.
Staff will do their utmost to prevent a child from travelling in a vehicle driven by them and if necessary, the police will be called.
Where an illegal act is suspected to have taken place, the police will be called.

No-smoking/Vaping

Policy statement

At Littleworld Day Nurseries we are committed to promoting the health and well-being of all children and staff. This is of the upmost importance for the nursery. In accordance with legislation, Littleworld Day Nurseries operates a no smoking and vaping policy within its building and grounds. It is illegal to smoke in enclosed places.

All persons must abstain from smoking or vaping while on the premises. This applies to staff and members of their family and friends, students, parents/carers, contractors and any other visitor to the nursery.

Procedures

- All staff and their family and friends, parents/carers, volunteers, contractors and visitors to the nursery are made aware of our No-smoking/vaping policy
- We display no-smoking/vaping signs
- The No-smoking/vaping policy is stated in our parent/carer handbook
- Staff who smoke may do so at the start of their half hour break and only whilst off the premises
- Staff who smoke during their break must make every effort to reduce the effect of odour and lingering effects of passive smoking for the children and colleagues.
- If staff choose to smoke during breaks, they must cover/remove their nursery t-shirt/fleece.
- Staff and parents/carers accompanying the children on outings and visits away from the nursery must refrain from smoking/vaping while caring for the children.
- Staff who smoke must not have a cigarette for a minimum of 20 minutes before the start of their shift.

Information for support to stop smoking can be found at. www.smokefree.nhs.uk

This policy also applies to electronic cigarettes.

Sun Protection

Policy statement

At Littleworld Day Nurseries we are committed to ensuring that all children are fully protected from the dangers of UV rays and sun exposure. Severe sunburn in childhood can lead to the development of malignant melanoma (the most dangerous type of skin cancer) in later life.

Vitamin D

Sunlight is important for the body to receive vitamin D. We need vitamin D to help the body absorb calcium and phosphate from our diet. These minerals are important for healthy bones, teeth and muscles.

Our body creates vitamin D from direct sunlight on our skin when we are outdoors. Most people can make enough vitamin D from being out in the sun daily for short periods with their hands or other body parts uncovered. Sun cream will stop the ultraviolet B (UVB) rays from reaching your skin, so part of your body should be uncovered and not have sun cream on. At nursery we find the right balance to protecting children from sunburn as well as allowing the skin to access the sun for the vitamin D benefits, e.g. hands will be left without sun cream, but children will be fully monitored to ensure no hands are burnt.

Managing the physical environment

- The staff utilise the shaded areas of the outdoor environment for play and create additional areas of shade for the children.
- Infants less than 12 months of age will be kept in shaded areas and not exposed to direct sunlight.

Protective behaviour and practice

- All children must wear a sunhat outdoors on days where there are high UV levels and/or increased sunlight, preferably a bucket style hat or legionnaire style cap which are recommended to parents.
- Children who do not have a hat, may be offered a spare nursery hat or will be kept in shaded areas.
- Loose fitting and closely woven fabric assist in protecting the children from exposure to the sun.
- We recommend that t-shirts have collars to protect the nape of the neck.

- **Sleeveless/strappy tops and dresses are not considered as appropriate clothing to protect the children from the sun and children will need to change out of this style clothing before outside play.**
- Infants under 12 months must have exposed skin covered at all times. It is acceptable to use sunscreen on the face and hands to protect these areas.

UV levels are checked online at www.metoffice.gov.uk in the morning and again at lunch time to check for any changes. A UV level chart is displayed within each room to ensure all staff are informed. It is the responsibility of the room manager/senior running the room to ensure this is updated daily.
Sun cream is applied when the UV levels reach 3 or above and is reapplied every two hours as required. Littleworld provide sun cream, this is a factor 50, 5-star UV protection sun cream. Parents may choose to provide an alternative for children who have skin conditions such as eczema if preferred.

We will offer a maximum of 30 minutes outdoor play for children of all ages to allow the children to be in the sunshine without sun cream applied, helping them to increase their Vitamin D intake. If the UV index is 4 or higher at this time, sun cream will be applied to protect skin.

At levels 5 and over we will limit the time the children spend in the garden to 20-minute short bursts and will provide shaded areas to protect their skin. All children in our care must be offered water regularly throughout the days, more often than on cooler days, sun hats must be worn and frequent breaks inside to cool down from the sun.

Staff must ensure they are using the correct amount on the children to protect their skin.

Staff will be given a daily register to complete, stating when the children have had their cream applied and will need to ensure this is done every 2 hours afterwards.

Permission for application is confirmed at registration unless the parents/carers opt out.

People of all skin colour, especially children and babies, can suffer eye damage, overheating and dehydration as a result of excessive sun exposure.

Maintaining hydration levels

- Water is available to the children throughout the day, regardless of indoor or outdoor play.

- Independent access to drinking water is achieved with drinking bottles, which have the child's picture and/or name on it.
- Cooled boiled water is offered to infants at regular periods, or if they show signs of continuous thirst.
- Staff promote and encourage regular drinking of water throughout warmer days
- Staff are encouraged to have their own water bottle and drink regularly throughout the day.

Role modelling by staff, students and volunteers

- Staff, students and volunteers are advised to use high and long protection sun cream and to seek shade whenever they are supervising the outdoors for long periods of time.
- Staff, students and volunteers are advised to wear hats, suitable clothing and sunglasses.

Communication with different stakeholders

Children

- Children's play and learning experiences will reflect the importance of sun protection behaviours and practices.

Parents/carers

- Sun protection behaviours and practices are outlined in the parent's handbook, registration form and newsletters.
- Permission for application is confirmed at registration unless the parent/carer opts out.

Staff

- Staff follow the procedures in the sun protection policy.
- Procedures for re-applying sunscreen to the children is implemented by any member of staff within each room.
- Staff will raise concerns about any child's inappropriate clothing, decide which procedures to replace where possible, and make alternative play experiences within shaded areas or indoors.

Sleeping Children

Policy statement

Littleworld Day Nurseries identifies the importance of offering the children a peaceful and quiet area where they can relax and sleep during the day

Procedures

Staff discuss safe sleeping practices during the initial viewing of the nursery. Information on safe sleep practices is then shared with parents during the child's settling in visits.

Children that arrive at nursery asleep will be gently awoken to ensure that they are safe and well before the parent/carer leaves the premises. This is in line with our safeguarding procedures.

Mattresses and beds are checked regularly. Any broken, damaged or worn mattresses are removed immediately and replaced.

Pushchairs which can be put into a laid back position may be used for sleep periods when there is an individual need of a child. These will be risk assessed on an individual basis, with parent/carer involvement and a pushchair may be used for a temporary period of time while the child settles into the nursery routine.

Baby Room

- There is a designated sleep room, where each child has a named cot, slumber loop or low bed.
- The key person will follow the children's individual sleep routines as at home as best they can.
- The sleep room is monitored by CCTV, with the monitors located in the Baby room and the office. The staff members also carry out physical checks on the children every 10 minutes. This is increased to every 5 minutes if the child has had a head injury that day.
- If the child is in a high sided cot, in agreement with parents, they may be left to self-settle for a short period.
- Sleep times are recorded on a sleep chart located on the sleep room door. The children's sleep times are also recorded on Famly.
- The children have their own sheets and blankets which are laundered regularly in line with their attendance.
- Each cot and mattress is cleaned daily with a green cloth and anti-bacterial cleaner.

- The sleep room has a ceiling heater which keeps the room at a safe comfortable temperature for the children. The temperature will be between 18 and 20 c
- Clothing is removed before the children are put to sleep in line with safer sleeping practices.
- The children may bring in comforters from home to use during sleep time, for example a dummy.
- The children will be put to sleep on their backs, unless a medical reason necessitates the child to be in a different position, or at the written request of parent/carer.

Toddler Room

- In the Toddler room, the children have a mattress or low bed with named sheets and blankets. These are stored in the bed cupboard within the toddler room.
- Each bed and mattress is cleaned daily with a green cloth and anti-bacterial cleaner.
- The staff in the toddler room follow the parents/carers request with regards to children sleeping. If any children are not to sleep, then they will continue to learn through the continuous provision offered along with the adult lead activities.
- A staff member will remain in the room with the children until the sleep time is over.
- Sleep times are recorded on a sleep chart. The children's sleep times are also recorded on Famly.
- Clothing is removed before the children are put to sleep in line with safer sleeping practices.
- The children's individual sheets and blankets are laundered regularly in line with their attendance.
- The staff members also carry out physical checks on the children every 10 minutes. This is increased to every 5 minutes if the child has had a head injury that day.
- The children may bring in comforters from home to use during sleep time, for example a dummy.
- The temperature of the room will be between 18 and 20 c.

Pre-School Room

- Within the Pre-school room, the children have a mattress with named sheets and blankets. These are stored in the bed cupboard within the Pre-school room and laundered regularly in line with their attendance.
- Each bed is cleaned daily with a green cloth and anti-bacterial cleaner.
- The children can choose if they would like to sleep or just have a rest. The staff take the views of the parents/carers into consideration.
- A staff member will remain in the room with the children if they have chosen to sleep.
- The staff members also carry out physical checks on the children every 10 minutes. This is increased to every 5 minutes if the child has had a head injury that day.
- Sleep times are recorded on a sleep chart. The children's sleep times are also recorded on Famly.

- For children who choose not to sleep, they can continue to learn through the continuous provision and adult lead activities.

Littleworld Nurseries Ltd. believes in the importance of sleep for young children. NHS guidance highlights the typical amount of sleep required for different age groups https://www.nhs.uk/live-well/sleep-and-tiredness/how-much-sleep-do-kids-need/ -
Babies 4 to 12 months old 12 to 16 hours including naps

Toddlers 1 to 2 years old 11 to 14 hours including naps

Children 3 to 5 years old 10 to 13 hours including naps

We accept and acknowledge that some children will differ from this and will work in partnership with parents to support children as their sleep needs change over time. We will respond to requests to minimise sleep times, with a minimum sleep time of 45 minutes. It is recognised that the first 20 minutes of sleep in babies is REM, or 'Active' sleep, with the deeper sleep starting afterwards. (https://www.babycentre.co.uk/a558727/understanding-your-babys-sleep)

We will never stop a child from falling asleep if they are showing signs of needing to sleep, such as being upset and unable to be soothed by any other method or actively falling asleep during activities such as mealtimes and are unable to be kept awake. In this instance, if a parent has requested their child does not sleep, you will be called for guidance.

Nappy Changing

Policy statement

At Littleworld Nurseries we believe that all children need contact with familiar, consistent carers to ensure they can grow and develop socially and emotionally. Children need to feel safe, secure and happy so we expect nursery staff to be responsive to children's needs, whilst maintaining professionalism. We accept that children need to be cuddled, encouraged, held and offered physical reassurance, and ensure intimate care routines are undertaken in a safe, respectful and child-centred way.

Intimate care routines may include nappy changing, supporting children with toileting, changing clothes, and giving first aid treatment and specialist medical support, where required. In order to maintain the child's privacy, we will carry out the majority of these actions on a one-to-one basis. First aid treatment will be carried out by a qualified paediatric first aider.

Providing intimate care involves working with children when they are particularly vulnerable, which can provide heightened opportunities for abuse. Therefore, to promote good practice and minimise the risk of allegations we have the following guidelines to ensure staff are fully supported and able to perform their duties safely and confidently.

Management

- Promote consistent and caring relationships through the key person system in the nursery and ensure all parents understand how this works
- Ensure all staff undertaking intimate care routines have suitable enhanced DBS checks
- Conduct thorough inductions for all new staff to ensure they are fully aware of all nursery procedures and arrange specialist training where required, i.e. paediatric first aid training, specialist medical support
- Follow up procedures through supervision meetings and appraisals to identify any areas for development or further training
- Ensure all staff have an up-to-date understanding of the Safeguarding children and child protection policy, including how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise concerns
- Operate a Whistleblowing policy to help staff raise any concerns about their peers or managers and help staff develop confidence in raising worries as they arise in order to safeguard the children in the nursery
- Conduct working practice observations on all aspects of nursery operations to ensure that procedures are working in practice and all children are supported fully by the staff including intimate care routines
- Conduct regular risk assessments on all aspects of the nursery operation, including intimate care, and review the safeguards in place. The nursery assesses all the risks relating to intimate care routines and uses appropriate safeguards to ensure the safety of all involved.

We wish to maintain the safety and welfare of the children whilst being changed and safeguard against any potential harm, as well as ensuring the staff member involved is fully supported and able to Using this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change

- Ensuring that the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.
- Ensuring that all staff involved in nappy changing are always in sight or sound of another staff member.
- Ensuring that no child is ever left unattended during the nappy changing time
- Making sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted;
- Conducting thorough inductions for all new staff to ensure they are fully aware of all nursery procedures relating to nappy changing.
- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training

- Staff are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- Children are encouraged to take an interest in using the potties/toilet when it is age appropriate.
- Children are encouraged to wash their hands with soap and use the hand dryers and paper towels to hand.
- Staff members do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
    - We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the nursery this may constitute neglect and will be a disciplinary

Environment

- Leave the doors open when changing children's nappies, soiled or wet clothing, or other intimate routines, whilst maintaining their dignity
-
- Ensure children are afforded privacy and dignity during intimate care routines, whilst balancing this with the need to safeguard children and staff.

Parents

- Work closely with parents on all aspects of the child's care and education as laid out in the Parents as partners policy. This is essential for intimate care routines which require specialist training or support

- If a child requires specific support the nursery will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs.

Relationships

- Although we recognise it is appropriate to cuddle children, we give cuddles only when sought by children needing comfort to support their emotional development. Staff are advised to do this in view of other children and practitioners, whenever possible. We recognise that there may be occasions where it is appropriate for this to happen away from others, such as when a child is ill. In these circumstances, staff are advised to leave the door open or place them selves in view of CCTV camera where appropriate. It is the duty of all staff and the manager to ensure that children are appropriately comforted and to monitor practice
- We discourage inappropriate behaviour such as over tickling, over boisterous play or inappropriate questions such as asking children to say they love a staff member and we advise staff to report any such observed practice
- Staff are respectful of each other and the children and families in the nursery and do not use inappropriate language or behaviour, including during breaks.

If a parent or member of staff has concerns or questions about intimate care procedures or individual routines, practice procedures or behaviour they consider as inappropriate, including between staff members, they are urged to see the manager at the earliest opportunity.

Management will challenge inappropriate behaviour in line with the Supervisions policy, Disciplinary procedure or Whistleblowing policy.

Procedure:

We will use appropriate designated facilities for nappy changing which meet the following criteria:

- Facilities are separate to food preparation and serving areas and children's play areas
- Changing mats have a sealed plastic covering and are frequently checked for cracks or tears. If cracks or tears are found, the mat is discarded.
- Clean nappies are stored in a clean dry place; soiled nappies are placed in a plastic bag before being placed in the bin. Bins are emptied and the yellow bag is placed in the yellow waste collection bin located at the entrance to the carpark.
- Each child has their own creams and wipes e.g. Sudocrem. These are supplied by the parent/guardian and must be clearly labelled with the child's name. When applying creams for rashes, a gloved hand is used. The application of medicated cream is recorded on an Administering medication form**. Bepanthen is not permitted to be used in nursery as it contains almond oil.**

Staff changing nappies will:

- Ensure they have all the equipment they need before each nappy change.

- **Staff must have one full hand must remain in contact with the child** this does not include holding children by their foot/ankle to reach for items. It is a dismissible offence to fail to do this.
- Wash hands before and after each change. Reusable aprons are worn these are wiped clean after every round of nappy change, unless a soiled nappy has been changed and must be wiped after. Gloves may be worn as optional. If staff have an open wound on their hand, gloves must be worn during nappy changing procedures.
- Clean mat with bactericidal deodoriser and dry mats thoroughly after each nappy change

We wish to maintain the safety and welfare of the children whilst being changed and safeguard against any potential harm, as well as ensuring the staff member involved is fully supported and able to Using this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change

- Ensuring that the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.
- Ensuring that all staff involved in nappy changing are always in sight or sound of another staff member, this may include the use of a walkie talkie if remaining staff are not in the building. In line with our lone working policy.

- Ensuring that no child is ever left unattended during the nappy changing time
- Making sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted;
- Conducting thorough inductions for all new staff to ensure they are fully aware of all nursery procedures relating to nappy changing.
- Following up procedures through supervision meetings and appraisals to identify any areas for development or further training

- Staff are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- Children are encouraged to take an interest in using the potties/toilet when it is age appropriate.
- Children are encouraged to wash their hands with soap and use the hand dryers and paper towels to hand.
- Staff members do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.

- We have a ‘duty of care’ towards children’s personal needs. If children are left in wet or soiled nappies/pull ups in the nursery this may constitute neglect and will be a disciplinary matter.

Baby Room Procedure

If the children and staff are all outside in the garden and a child requires a nappy change, then the member of staff must ensure that the window is open and a member of staff outside is within sound.

Toddler Room Procedure

If the children and staff are all outside in the garden and a child requires a nappy change, then the member of staff must ensure that the window is open and a member of staff outside is within sound and can use a two way communication monitor to communicate with each other.

Pre-school Room Procedure

If the staff and the children are outside in the garden, the children are to **be supervised by an adult whilst they use the bathroom. Children are not to be sent into a room without an adult present.**

If any parent or member of staff has concerns or questions about nappy changing procedures or individual routines, please see the manager at the earliest opportunity.

Food and drink

Policy statement

Our Nursery regards snack and mealtimes as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials. At snack and mealtimes, we provide nutritious food, which meets the children's individual dietary needs and the Early Years Foundation Stage Nutrition Guidance.

Procedures

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

- Parent's record information about their child's dietary needs on the 'all about me form' during the child's settling in visits. Our catering manager will then discuss any dietary requirements with the parent/carer during the child's settling in visits and a dietary requirement form must be completed.
- If a child has a food-based allergy, the nursery will request a confirmation letter of diagnosis from a doctor or paediatrician before the child starts the nursery. (See the Managing Children who are Sick, Infectious or with Allergies Policy) A health care plan will then be written by the catering manager and parent/carer. A copy of the care plan is then kept in the room which the child attends, the office and the kitchen.
- Any relevant medication must be provided to nursery before the child starts.
- If a diagnosis is made while a child is already in the nursery, we will request a letter of diagnosis from a doctor or paediatrician as soon as possible and an appointment must be arranged to discuss the dietary requirements with the catering manager.
- We cannot cater for preferences unless it is due to a medical reason, a cultural/religious reason or a lifestyle choice such as vegetarian. We request a letter of confirmation for a medical reason and a health care plan to be completed.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up to date. Parents sign the up-date record to signify that it is correct. The catering manager is responsible for disseminating the up dated information to team members and management.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs.

- We plan menus in advance to ensure they are nutritionally balanced and varied across the week, these are then shared with parents via famly and displayed on the kitchen information board.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We do not provide food containing nuts or nut products. We strive to maintain a nut free nursery (to ensure any children with a nut allergy, or children who have not yet been exposed are not at any risk)
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We provide a vegetarian alternative on days when meat or fish are offered.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink which is done in the pre-school and toddler room 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.
- Children have access to drinking water throughout the day. We inform the children how to access drinks during the day
- We inform parents who provide food for their children about the storage facilities available in the Nursery.
- We inform parents who provide food for their children about suitable containers for food and that these are clearly labelled with the date to use by and food description.
- To protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide whole pasteurised milk.

- For each child in our baby room and our toddler room, information regarding snacks and meals is uploaded daily on to famly. For children in our preschool room, parents are informed verbally when the child is collected.
- Information is available for the parents/carers with regards to what allergens are in the food we provide.
- All allergen information is contained in a labelled folder in the kitchen.
- We give careful consideration to seating to avoid cross contamination of food from child to child. Where appropriate, an adult will sit with children during meals to ensure safety and minimise risks. Where appropriate, age/stage discussions will also take place with all children about allergies and potential risks to make them aware of dangers of sharing certain foods.
- Quantities offered take account of the age of the children being catered for in line with recommended portion sizes for babies and young children.
- Parents or visitors are not to give food or drink to any children other than their own when attending a nursery event or outings to prevent any children with special diets being given the wrong food.

Safer eating

Food needs to be cut up properly following the guidance. These must be the steps we are carrying out around meal time,

1. Food to be cut to bite size, lengthwise then chopped. (see guide attached)
2. All staff to read and understand guidelines attached – Early years food choking hazards.
3. Staff deployed to supervise children eating with a clear view of their face.
4. Staff modelling safer eating practices with the children.
5. Number of children seated at table suitable for size of table and age and stage of the children
6. Staff read and understand IEP, behaviour plan and/or risk assessment of individual children.
7. Morning snack- Staff serving to cut up fruit where necessary and age/stage appropriate.
8. Staff to speak to parents/carers regularly to make sure weaning is followed both at home and nursery in the same way.
9. All staff first aid trained within 12 weeks of employment and every 3years as minimum.
10. All staff complete Food Hygiene level 2 course during induction and annually.
11. Only one member of staff is doing a 'room job' at any one time.
12. Table and chairs to be set up prior to mealtimes. (All necessary items, are readily available before mealtimes; cloths, bibs, face cloths)

Sitting around meal times with appropriate furniture

1. Staff modelling good sitting and encourage children to keep feet on the floor. Only 1 adult serving food/drinks)
2. Furniture is appropriate for the age and stage of children. Staff to move chairs to the room if a child is joining another room.
3. Staff read and understand IEP, behaviour plan and/or risk assessment of individual children.

All staff trained on H&S in the workplace.

Spillages of milk, water or food on the table or floor.

Child/Adult slipping

1. Spillages to be wiped/mopped up swiftly.
2. Wet floor sign to be put in place.
3. Staff deployment and supervision during mealtimes to be effective.
4. All staff completed Food Hygiene level 2 course
5. All staff trained on H&S in the workplace.

Children with allergies/intolerances consuming or touching other children's food.

Child experiencing allergic/anaphylactic reaction or being unwell.

1. All children with food allergies - Parents to meet with Catering manager to form a dietary and care plan.
2. All staff to read and understand children's care plans.
3. Colour coded cups, plates and jugs. (See dietary table information)
4. Spillages are cleaned up swiftly and effectively.
5. Catering staff handover to a member of permanent staff in the room and dietary requirement alternatives that have been provided for that snack/meal.
6. Staff check the allergy card sent from the catering team with the snack/meal.
7. All allergy/ intolerance children to be sat on one table with a designated adult.
8. Staff deployment and supervision during mealtimes to be effective.

9. All staff complete Food Allergy Awareness in Early Years and Food Safety and Hygiene Level 2 on noodle now during induction and annually.
10. All staff first aid trained within 12 weeks of employment and every 3years as minimum.

Catering manager to review and update care plans when needed – minimum of 6 monthly for allergies.

Hot food, drink and dishes

Risk of burn/scald to child or adult.

1. Trolley/boxes to be used for transfer of snacks/meals to rooms.
2. Catering team to check food temperature is safe to serve to children
3. Food being served to the room should be sent at a safe temperature. Catering team to advise if the food is hot on arrival to the room.
4. Oven cloths to be provided to handle hot trays/dishes.
5. Staff to model to children how to cool food before eating.

Staff deployment and supervision during mealtimes to be effective.

Utensils

Children hurting others with utensils

1. Staff deployment and supervision at mealtimes to be effective.
2. Children to use age-appropriate cutlery. (Children transitioning to the next room to start using cutlery for the next stage as part of their transition.)
3. Staff modelling how to use cutlery.

Behaviour management strategies to be followed where necessary.

Lack of supervision at mealtimes

Any of the above risks taking place

1. Staff to read and understand the meal/snack time risk assessment in place and follow control measures outlined.
2. Correct ratios in the rooms are maintained for each age group throughout each

Alternative food provision

Policy statement

Littleworld strives to promote a healthy nutritious diet. We are aware that for many children this can be difficult for a variety of reasons. We will work with the families to support their child to be well nourished and accessing a sociable eating environment with age-appropriate table manners, skills and conversation.

Procedures

- If you child struggles with eating a wide range of different foods, you will highlight this on the 'All about me' form during settling in visits. If this develops during their time at Littleworld then talk to your child's keyworker. Following this we will follow the steps below:

Sensory
If you highlight a sensory need around food, we will arrange a meeting with the SENDCO and key person. During this we can talk about how to approach food going forward.

Allergies/ intolerances
If you highlight a food allergy or intolerance we will arrange a meeting with the catering manager. During this we can talk about how to approach food going forward.

Start at nursery on the nursery food.
Many children will try different food and act differently within a group of peers. We want to give your child a chance for this to happen naturally. This will be reviewed a month after starting.

Food review
This meeting will be with the room manger and/or catering manager/SENDCO. You will discuss the foods that your child is eating. You may be asked to keep a food diary to see what your child is eating over the course of the week.

If your child is not eating any food during their time at nursery

If your child is selectively eating small things during the nursery day

Packed Lunch
You will provide a balanced lunchbox made up of your child's safe foods. We will complete the lunch box form together to support this.

Packed Lunch progression

Once your child is fully settled with their food and is eating a good amount of it you will be asked to start adding something that they do not usually eat to expand the food they have access to. You can discuss this with the staff to come to an agreement over something similar to what they are already eating. Depending on your child's needs this will be placed on a separate plate near them, building up over time to it being accepted on their plate, to then be touched and explored. The emphasise is not on eating the food but exposure to it. Pressure on the child is removed and there is no big, overwhelming celebration of what they do achieve. Where suitable this can also be done with nursery food.

We would ask you to continue this at home too.

Review 3 monthly

Nursery lunches

The types of food being eaten and when they are being eaten will be looked at. The successes will be incorporated into the rest of their food where possible. We will also talk about whether your child appears satisfied and settled with what they are consuming.

For example, if they are only eating dry food then we will ensure the dry and wet parts of the food are served separately. The part they don't eat will still be on their plate, or nearby, but without any expectation to try it.

Review 3 monthly

Lunch boxes

- As fridge space is limited, parents are advised to bring packed lunches in insulated bags with freezer blocks where possible to stop the food spoiling.
- The food in the lunch box MUST NOT contain nuts or items with nuts baked within them or nut oils.
- Littleworld will supply cutlery and a plate as well as fresh water or milk to drink at regular intervals through the day.
- Your child's lunch box will be returned unwashed to home each day, containing any leftovers or wrappings so that you are able to see what has been eaten.
- Your child will not be segregated from their peers, and we will endeavour to provide a social situation for them to be sat eating with the other children
- Where possible your child's food should arrive ready to eat and require no extra cooking/toasting.
- The lunch box contents should follow the Early Years Foundation Stage Nutrition Guidance – this will be discussed with you when the decision to bring a lunch box is made.
- Any concerns around the food in your child's lunchbox will be discussed with you in private, without your child hearing to minimise any negative feelings around the food.

- The level of praise given to your child when they try or eat specific foods will be looked at on an individual basis as we know that some children will interpret the praise and attention as pressure.
- Small items that need cutting such as grapes, tomatoes or mango need to be sliced into sticks or quarters, not into cubes or kept whole.
- High fat meats products such as sausage rolls, pies, corned meat and sausages should only be included occasionally.
- It is not appropriate for lunchboxes to contain sweets, fizzy drinks or nuts.
- We discourage crisps in the lunch boxes however it is identified that there is a need for crisps to be included these should be baked crisps wherever possible

- Early Years Foundation Stage Nutrition Guidance (2025)
- The Human Medicines Regulations (2012)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)
- The Health and Safety at Work Act (1974)
- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)
- Children Act 1989, 2004
- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.
- EU Food Information for consumers Regulations (EU FIC)
- Food Information Regulations 2014 (FIR)

Further guidance

- Supporting pupils at school with medical conditions (2014)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor
- www.direct.gov.uk
- www.hpa.org.uk
- www.cancerresearchuk.org

These policies were adopted by Littleworld Day Nurseries LTD. on 29th January 2026

They will be reviewed no later than January 2027.