



Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedure, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Health

6.1 Administering medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

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

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Developpr
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1.4 Health and well-	2.2 Parents as partner 2.4 Key person	3.2 Supporting every c	
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Procedures

- Children taking prescribed medication must be well enough to attend pre-school.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, a member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - full name of child and date of birth;
 - name of medication and strength;
 - who prescribed it;
 - dosage to be given in the pre-school;
 - how the medication should be stored and expiry date;
 - the method of administration
 - any possible side effects that may be expected should be noted; and
 - signature, printed name of parent and date.
- The administration is recorded accurately in on our Medical Consent and Administration Form each time it is given and is signed by the key person/manager. Parents are shown the record at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The Medical Consent and Administration Form records the:
 - name of child;
 - name and strength of medication;
 - dose given and time of dose;
 - dose given and method; and is
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- The completed Medical Consent and Administration Form are kept either with the child's medication or in their personal file.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training [for the relevant member of staff] by a health professional.

- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in the first high level cupboard above the fridge in the kitchen or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- New staff are made aware of medication storage and procedures during their induction.
- For some conditions, medication may be kept in the pre-school to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- All medication is stored in a named box on the top shelf of the cupboard in the office. Staff are made aware of this procedure as part of their induction; there is a copy of this policy in our staff induction pack.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the supervisor 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 pre-school, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other nursery activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A individual 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.

- A individual health care plan should include the measures to be taken in an emergency.
- A individual health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or the another member of staff who is fully informed about the child’s needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child’s details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure is read alongside the outings procedure.

Legal framework

Primary Legislation

- Medicine Act (1996)

Secondary Legislation

- The Children Act (2004)
- Children and Families Act (2014)
- The United Nations Convention on the Rights of the Child
- Health and Safety at Work (1992/1999)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

Other useful Pre-school Learning Alliance publications:

- Medication Record (2010)
- Daily Register and Outings Record (2012)

This policy was adopted at a meeting of Acorns Community Pre-School held on

Date to be reviewed:.....

Signed on behalf of the management team:.....

Name of signatory:

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

Safeguarding and Welfare Requirement: Health

The provider must promote the good health of the children attending the setting. They must have a procedure, discussed with parents and/or carer, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Health

6.2 Managing children, who are sick, infectious or with allergies (Including reporting notifiable diseases and Procedure for receiving children with additional healthcare needs)

Policy statement

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

EYFS key themes and commitments

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

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the supervisor calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then [we/I] may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent informed.

- Parents are asked to take their child to the doctor before returning them to pre-school; the pre-school can refuse admittance to children who have a temperature, sickness or diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the pre-school.
- After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
- 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.
- The pre-school has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Notification) Regulations 2010, the GP will report this to the Public Health England.
- When preschool becomes aware, or are formally informed of the notifiable disease, the supervisor informs Ofsted and contacts Public Health England, and act[s] on any advice given.

See Annex 2 for full list of notifiable diseases.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. [We/I]:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice

- 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.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When parents start their children at the pre-school they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment 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).
 - In the case of a child having an Epipen we complete an Individual Healthcare Plan and a Staff Training Record.
 - Control measures – such as how the child can be prevented from contact with the allergen.
 - Review.
- The risk assessment form is kept in the child's personal file and a copy is displayed where staff can see it.
 - Parents train staff in how to administer special medication used in the event of an allergic reaction.
 - Generally, no nuts or nut products are used within the pre-school.
 - Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

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

At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

Procedures for identify and managing children who may need an Individual Healthcare Plan

Many children are affected by medical conditions that require help and support from the adults caring for them. We consider and review the implications of children's medical conditions and develop Individual Healthcare Plans to meet their needs.

We understand that some families may be at the early stages of coming to terms with their child's medical difficulties and may therefore:

- understate the condition when talking with practitioners
- withhold information as they do not realise the importance of sharing medical details
- withhold information because they are anxious that the setting may not allow their child to attend.

We appreciate that it is very important to work closely with parents right from the start. They are the experts in caring for their child and can offer us valuable advice and guidance.

Drawing up an Individual Healthcare Plan

When parents start their children at the pre-school they are asked if their child has any additional medical conditions. This is recorded on the registration form.

Before the child starts at the setting we understand that it is important to hold a meeting with the child's parents/carers, all professionals who hold important information about the child's needs and us to draw up an Individual Healthcare Plan. This plan will help us to understand the child's needs, how we can support them and will describe the action that should be taken in an emergency situation. This plan will be referred to when recording the child's achievements and planning the next steps in the child's learning and development

The plan will include:

- Child's name, date of birth and photograph.
- Date of plan.
- Description of child's symptoms. It should be written so that practitioners can easily recognise important symptoms.
- Daily care requirements - what needs to happen. Who should carry out procedures. How does the child like the care to be carried out. How will practitioners record what they have done.
- What constitutes an emergency for this child. It should be written so that practitioners can easily recognise an emergency.
- What action should be taken in an emergency. It should clearly state
 - what practitioners should do and who should carry out procedures,
 - guidance on when the emergency services are to be contacted
 - what information the practitioners need to give.
 - Support to be given during emergency
 - Emergency contacts - who should be contacted and when
 - Details of the medical professionals involved

The plan is reviewed and updated with the parents on the review date or immediately if the child's needs change. In some circumstances changes to the plan should be advised by the medical professionals involved. Any changes to the plan must be made in writing and countersigned by the child's parents.

Approved copies of these plans are accessible to practitioners and will be held securely by us. Copies of the plan will be given to the child's parents/carers and any other and appropriate medical professional as necessary.

When the plan is complete, the setting will seek advice for specific training. We follow our policy 6.1 Administering Medicine for guidance and recording administration of medication.

By completing a Health and Safety Individual Risk Assessment we are able to assess whether the child's condition shows if our existing Risk Assessments or Policies and Procedures need to have additional child specific procedures.

Oral medication

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.
- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The pre-school must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The pre-school must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and invasive treatments

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

- The pre-school must have:
 - a letter from the child's GP/ consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing staff to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the pre-school's insurance provider (Pre-school Learning Alliance Insurance Department) for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended will be issued by return.

Key person for special needs children – children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians.
- Copies of all letters relating to these children must first be sent to the pre-school's insurance provider (Pre-school Learning Alliance Insurance Department) for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on:

Telephone - **020 7697 2585**

E-mail – **membership@pre-school.org.uk**

Primary Legislation

- Medicine Act (1996)
- Public Health (Control of Disease) Act (1984)
- Health and Safety at Work (1992/1999)

Secondary Legislation

- Children and Families Act (2014)
- The United Nations Convention on the Rights of the Child
- Human Rights Acts (1998)
- Equalities Act (2010)
- Management of Health and Safety at Work Regulations (1992)

Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
<http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005PDF-EN-02.pdf>

Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

This policy was adopted at a meeting of Acorns Community Pre-School held on

Date to be reviewed:.....

Signed on behalf of the management team:.....

Name of signatory:

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

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Safeguarding and Welfare Requirement: Health

Providers must keep a written record of accidents or injuries and first aid treatment.

Health

6.3 Recording and reporting of accidents and incidents and Near Misses

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

Policy statement

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

Child protection matters or behavioural incidents between children are NOT regarded as incidents and are separate procedures for this. –See Policy 1.2, 7.1 and 7.2

EYFS key themes and commitments

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

Procedures

Our Accident Book:

- is kept in a safe and secure place;
- is accessible to staff and volunteers, who all know how to complete it;

- completed records are given to a supervisor to file and keep in a safe and secure place for a minimum of three years;
- is reviewed at least half termly to identify any potential or actual hazards;
- can be supplemented, when necessary, by filling out the Accident Book Supporting Document which is attached to the accident record and filed as above.
- is supported by recording Near Misses enabling us to identify, assess and minimise risks of hazards

Reporting accidents and incidents

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:

- food poisoning affecting two or more children looked after on our premises;
- a serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
- the death of a child in our care.

We define serious injuries as:

- broken bones or a fracture, other than to finger, thumbs and toes*
- crush injuries leading to internal organ damage*
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs*)
- scalpings (separation of the skin from the head) which require hospital treatment*
- unconsciousness caused by head injury or asphyxia
- pain that is not relieved by simple pain killers
- acute confused state
- persistent, severe chest pain or breathing difficulties
- amputation of an arm, hand, finger, thumb, leg, foot or toe
- dislocation of any major joint including the shoulder, hip, elbow or spine
- permanent loss of sight or reduction of sight*
- chemical or hot metal burn to the eye or any injury penetrating to the eye
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or attendance to hospital for more than 24 hours
- unconsciousness caused by asphyxia*, head injury* or exposure to harmful substance or biological agent
- medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat induced illness or requires resuscitation or admittance to hospital for more than 24 hours*

***indicates list of 'specified injuries' by RIDDOR to be informed by telephone or online, all others to be informed online only.**

Local child protection agencies, including the Local Authority Designated Officer (LADO), are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

Any food poisoning affecting two or more children or adults on our premises is 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 (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations to HSE). We report to the Local Authority (LA). Please note that providers on school premises or domestic premises report to the Health and Safety Executive (HSE):

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

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
- Any work-related accident leading to a specified injury to [one of our employees/me or one of my employees]. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to [one of our employees/me or one of my employees] which results in them being unable to work for seven consecutive days. All work-related injuries that lead to [one of our employees/me or one of my employees] being incapacitated for three or more days are recorded in our accident book.
- When [one of our employees/I or one of my employees] suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.
- Information for reporting incidents to the **Local Authority or** Health and Safety Executive is provided in the Reportable Incident Book. Any dangerous occurrence is recorded in our incident book (see below).

Our Reportable Incident Book

- We have ready access to telephone numbers for emergency services, including local police. Where we are responsible for the premises we have contact numbers for gas and electricity emergency services, carpenter and plumber. Where we rent/lease premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.

- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, we risk assess[es] this situation and decide if the premises are safe to receive children. We may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy – Policy 8.5 - or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- [We/I] keep an incident book for recording major incidents, including some of those that that are reportable to the Local Authority or Health and Safety Executive as above.
- These incidents include:
 - break in, burglary, theft of personal or the pre-school's property;
 - an intruder gaining unauthorised access to the premises;
 - fire, flood, gas leak or electrical failure;
 - an attack on an adult or child on [our/my] premises or nearby
 - any racist incident involving staff or family on the setting's premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
 - death of a child or adult, and
 - a terrorist attack, or threat of one.
- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it – or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety Policy will be followed and the staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, or any other means involving an older child, the emergency services are called, and the advice of these services are followed. *See policy 6.8 Critical incident*
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Common Inspection Framework

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

How to report and full Contact Details for Outside Agencies RIDDOR

Online

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

Telephone

All incidents can be reported online but a telephone service remains for reporting **fatal and specified injuries only**. RIDDOR Incident contact centre – **0845 300 9923**

Environmental Health Department

Environmental Health Team, NFDC - **Tel: 02380 285230**

Agencies details in other policies

- Ofsted*
- LADO*
- Childrens Social Care (Hants Direct)*
- EECU office #

**for full details see Policy 1.2*

for full details see Policy 6.8

Legal framework

Primary Legislation

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)
- The Health and Safety (Enforcing Authority) Regulations 1998

Secondary Legislation

- Health and Safety at Work (1974)
- Code of Practice for First Aid (1997)
- Health and Safety (First Aid) Regulations (1981)
- Management of Health and Safety at Work Regulations (1992)
- Control of Substances Hazardous to Health Regulations(COSHH) (2002)
- Electricity at Work Regulations (1989)
- Public Health (Control of Disease) Act (1984)

Further guidance

- Common Inspection Framework: Education, Skills and Early Years (Ofsted 2015)
- Early Years Inspection Handbook (Ofsted 2015)
- RIDDOR Guidance and Reporting Form
www.hse.gov.uk/riddor/index.htm
- Incident Contact Centre – 08450300 9923 Mon - Fri 8:30am – 5:00pm

Other useful Pre-school Learning Alliance publications:

- Accident Record (2008)
- Reportable Incident Record (2012)

This policy was adopted at a meeting of Acorns Community Pre-School held on

Date to be reviewed:.....

Signed on behalf of the management team:.....

Name of signatory:

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

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Safeguarding and Welfare Requirement: Health

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

Health

6.4 Personal and Intimate Care (including Nappy changing, Toileting and Sun Protection)

Policy statement

Acorns Community Pre-school is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain

No child is excluded from participating in our pre-school who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards their toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the support and non-judgemental concern of adults.

EYFS key themes and commitments

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

Aims:

- to safeguard the rights and promote the welfare of children
- to provide guidance and reassurance to staff whose role includes intimate care
- to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.

Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping someone use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body.

Definition of Personal Care:

'Although it may involve touching another person, the nature of this touching is more socially acceptable. These tasks do not invade conventional personal, private or social space to the same extent as Intimate Care.

Personal care tasks specifically identified as relevant include:

- skin care/applying external medication
- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

The Protection of Children

All children have the right to be safe and to be treated with dignity and respect. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

Child Protection procedures will be adhered to. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc, he/she will immediately report concerns to our Safeguarding Officer (Heather Page). If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see our Child Protection Policy 1.3 for details).

If a staff member has concerns about a colleague's intimate care practice they must report this following the settings whistleblowing policy. If you observe any unusual markings, discolourations or swelling including the genital area, report immediately following your settings policy and procedures .

If during the intimate care of a child you accidentally hurt them, misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately following your settings policy and procedures. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's personal file.

The normal process of changing a nappy or supporting toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. However, in some instances it may be appropriate for two members of staff to change/support a child, i.e. if a child gets very distressed or has made an allegation previously.

Procedures

On joining the pre-school, all parents/carers are asked to sign a consent form allowing staff to carry out intimate care requirements should they be needed. Consent is required to

- nappy changing
- carry out toileting procedures
- cleaning and changing children where required and
- applying sunscreen

Where Intimate Care is required we will follow the following principles:

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Staff can administer intimate care alone however we will be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. Be aware of your own limitations

Only carry out activities you understand and with which you feel competent. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

4. Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

5. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the DSL. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's child protection record.

6. Helping through communication

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

7. Support to achieve the highest level of autonomy

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Nappy Changing

- All members of staff are aware of which children are in nappies or 'pull-ups'.
- Nappy changing is a deployed duty, all members of staff are expected to complete this deployment when it is their turn.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Changing areas are warm with safe areas to lay children and no bright lights shining down in their eyes.
- Each young child has their own bag to hand with their nappies or 'pull-ups' and changing wipes.
- Vinyl gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat fresh for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- Staff are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Staff do not make inappropriate comments about children's genitals when changing their nappies.
-
- In addition, staff ensure that nappy changing is relaxed and a time to promote independence in young children.

- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash or soap should not be used for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Nappies and 'pull-ups' are disposed of hygienically. Any soil (faeces) in nappies or 'pull-ups' is flushed down the toilet and the nappy or 'pull-up' is double bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter

Toileting

- Parents wishes are respected and their routines followed
- Children access the toilet when they have the need to and are encouraged to be independent.
- Parents provide extra clothes (we have a store of extra clothes for emergencies)
- The toilet area is cleaned daily.
- Potties are used if requested by parents. Potties are emptied in the toilet and washed in the toilet area in hot soapy water. They are kept under the toilet area.
- Staff will remind, encourage and reassure children about the need to visit the toilet regularly during session time and help them with toileting and hand washing.
- Where toileting accidents occur staff will deal with children sympathetically and with kindness, and will not act or speak to the child in any way that causes embarrassment or humiliation.
- Staff must never be critical of children who have toileting accidents.
- Where appropriate, staff will explain to the child the need to be changed and will seek their cooperation. We will not forcibly change children or cause distress.
- Under exceptional circumstances where a child is very clear in their refusal to be changed by pre-school staff, we may telephone the parent/carer to attend pre-school to complete their child's intimate care.

Sun Protection

In our pre-school we acknowledge the importance of sun protection and want staff and children to enjoy the sun safely. We will work with staff and parents to achieve this in a variety of ways laid out in this policy.

Protection

We obtain parents/carers permission for staff to supervise and assist children to apply sunscreen supplied by parents/carers, if required, during the summer months.

We consider sun protection when planning all outdoor activities from April to September (the sun is strongest at this time of year).

Shade:

- We encourage children to sit/play in the shade where it is available.

- We ensure that our Sun Sail is well maintained and is in place as soon as the weather starts to warm up, usually in April.
- We have pop-up gazebos to provide instant shade in the outdoor areas not covered by the Sun Sail, or the tree.

Clothing:

- Children are required to wear hats that cover the ears, face and neck
- We have some nursery hats to give to children who do not have their own.

Sunscreen:

- During warm sunny weather, we remind parents to apply sun cream prior to attending preschool.
- Children need to bring in their own clearly labelled bottle of sunscreen, at least factor 15+.
- We do not supply sunscreen to children due to the possibilities of allergies.

Primary Legislation

- Equalities Act (2010)
- Health and Safety at Work (1974)
- Children and Families Act (2014)
- Management of Health and Safety at Work Regulations (1992)

Secondary Legislation

- The Children Act (2004)
- Childcare Act (2006)
- The United Nations Convention on the Rights of the Child
- Human Rights Acts (1998)

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Date to be reviewed:.....

Signed on behalf of the management team:.....

Name of signatory:

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

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 Totton
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 Tel: 023 8066 8234



Safeguarding and Welfare Requirement: Health

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

Health

6.5 Food and drink

Policy statement

This pre-school regards snack and meal times time as an important part of the pre-school's day. Eating represents a social time for the children and adults and helps children to learn about healthy eating. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

EYFS key themes and commitments

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

Procedures

We follow these procedures to promote healthy eating in our pre-school.

- Before a child starts to attend the pre-school, we find out from parents their children's dietary needs, including any allergies. (See our Managing Children who are Sick, Infectious or with Allergies policy)
- We record information about each child's dietary needs in the Registration Form and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies – are up-to-date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all the staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink which is consistent with their dietary needs and preferences, as well as their parents' wishes
- We plan menus in advance, involving children and parents in the planning.
- We display the menus of snacks for parents to view.
- We provide nutritious food snacks, avoiding large quantities of fat, sugar and salt and artificial additives, preservatives and colourings.
- 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 are aware of the 14 major Allergens, information is displayed in the kitchen, additional information can be found online.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parent and research reading by staff, we obtain information about the dietary rules of the religious group to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- We provide an alternative snack according to individual dietary requirements, ie vegetarian, gluten intolerance.
- 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 his/her diet or allergy.
- We organise snack time so that they are social occasions in which children and staff participate.

- We use snack time to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils which are appropriate for their ages and stages of development and which take account of the eating practices in their culture.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the session.
- We inform parents who provide food for their children about the storage facilities available in the pre-school.
- We give parents who provide food for their children information about suitable containers for food.
- In order to protect children with food allergies, we discourage children sharing and swapping their food with one another.
- For children who drink milk, we provide whole and pasteurised milk.

Packed lunches

Our pre-school cannot provide cooked meals and children are required to bring packed lunches, we;

- If requested, ensure perishable contents of packed lunches are refrigerated, we encourage lunch boxes to contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts such as yoghurt or crème fresh where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or diluted fresh fruit juice;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort;
- ensure staff sit with the children to eat their lunch so that the mealtime is a social occasion.
- expect that all litter from lunch boxes brought in from home must be taken home at the end of the day
- If necessary, we provide children bringing packed lunches with a drink and/or cutlery.

Legal framework

Primary Legislation

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of food stuffs
- Food Safety (1990)
- Health and Safety at Work (1992/1999)

Secondary Legislation

- Human Rights Acts (1998)
- Equalities Act (2010)
- Management of Health and Safety at Work Regulations (1992)

Further guidance

-
- Safer food, Better Business (Food Standards Agency 2011)
www.food.gov.uk/foodindustry/regulation/hygleg/hyglegresources/sfbb/

Other useful Pre-school Learning Alliance publications:

- Nutritional Guidance for the Under Fives (Ed 2010)

- The Early Years Essential Cookbook (2009)
- Healthy and Active Lifestyles for the Early Years (2012)

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Safeguarding and Welfare Requirement: Health

Where children are provided with meal, snacks and drinks, they must be healthy, balanced and nutritious.

Health

6.6 Food hygiene

(Including procedure for reporting food poisoning)

Policy statement

In our pre-school we provide and/or serve food for children on the following basis:

- Snacks.
- Packed lunches.

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

We are registered as a food provider with the authority Environmental Health Department.

EYFS key themes and commitments

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

Procedures

- The person in charge and the person responsible for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in Safer Food Better Business (Food Standards Agency 2011). The

basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.

- Staff prevent the spread of infection by advising and reporting illnesses and symptoms which they may be experiencing.
- The person responsible for food preparation must be medically fit to prevent the spread of infection, we uphold our 48 hour sickness absence recommendation. An Individual Sickness Record is completed.
- All staff follow the guidelines of Safer Food Better Business.
- All staff involved in the preparation and handling of food have received training in food hygiene.
- At least one person has an in-date Food Hygiene certificate.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food Better Business)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; un-refrigerated food is served within 4.5 hours from the time of arrival at preschool.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for hand-washing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - understand the importance of hand washing and simple hygiene rules;
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment such as blenders etc.

Reporting of food poisoning

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the pre-school, the supervisor will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

Legal framework

Primary Legislation

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs
- Health and Safety at Work (1974)
- Public Health (Control of Disease) Act (1984)
- Food Safety (1990)

Secondary Legislation

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)
- Human Rights Acts (1998)
- Management of Health and Safety at Work Regulations (1992)

Further guidance

- Safer food Better Business (Food Standards Agency 2011)

www.food.gov.uk/foodindustry/regulation/hygleg/hyglegresources/sfbb/sfbbcaterers

- Working with Food, What you need to know before you Start (Food Standards Agency 2012)

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Safeguarding and Welfare Requirement: Health

Providers must have and implement a policy, and procedures, for managing a critical incident.

Health

6.7 Critical incident (Death or near death incident)

Policy statement

Despite effective preparation and planning it is possible that a critical incident may still occur within Acorns Pre-school.

A critical incident is a traumatic incident that could result in death or near death of a child or staff member. If this occurs it is essential that we are prepared and have a clear procedure in place which all staff are aware of so that the incident can be managed effectively, as well as providing staff and the children with the most appropriate support.

Acorns pre-school will work with children, parents and the community to ensure the rights, safety and health of children, to give them the very best start in life.

EYFS key themes and commitments

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

Procedures

1. Preparing for a critical incident occurring within the setting

The person who will take the lead should an incident occur to direct staff will be either of the supervisors or the deputy. Whoever is leading the session will undertake the task of implementing the following actions, using the **Critical Incident Timeline**:

- contact the emergency services, following guidelines at the end of this policy
- contact the child's family – consider a dedicated or private phone line for communication
- manage and reassure the other children
- contact the local SfYC office (Services for Young Children) for support and advice. SfYC will notify the Local Safeguarding Board and activate emergency school closure process if necessary.
- agree what to say (with the support of the SfYC local office who can seek advice from experienced press officers) and speak to the media to ensure consistency if necessary
- agree what to say and contact all parents

Actions resulting from the incident

The supervisors and management team will take responsibility for undertaking the actions below, using the

Critical Incident Timeline:

- inform Ofsted*
- inform RIDDOR#
- form LADO*
- inform your Social Care Team – 0300 555 1382 (Hants Direct)*
- inform insurance company
- update your local SfYC office (*Full contact details are at the end of this policy.*)
- update and debrief the staff team
- write a factual report using clear and specific language giving the facts about what happened.
- review your procedures to see if you can learn anything from the incident
- manage and reassure the other children and families
- consider counselling as necessary – our insurance company or local doctor's surgery may provide this, and our SfYC team may also be able to support you.
- assess the ongoing risk of this occurring again.

See annex 1 for Critical Incident Response Timeline for guidance.

**for full details see Policy 1.2*

for full details see Policy 6.3

2. Dealing with a child's death that occurs outside of the setting

In the sad event of our setting being notified of a child's death there can be ongoing actions and issues that need to be addressed. These can include distress for staff, children and parents, Social

Care or Police investigations may take place and we may have to deal with high media interest. Long-term training needs for staff will need to be identified.

There is no need to contact Ofsted or Social Care. If we are concerned that this incident is a child protection issue we will follow our safeguarding policy and procedures as laid out in our policy - *1.2 Safeguarding children and child protection (Including managing allegations of abuse against a member of staff)*

Actions following the incident

- Inform your local SfYC office who can support you
- Consider counselling for your staff as above.
- If you are required to give a statement to the media, your local SfYC office can provide access to an experienced press officer who will be able to offer advice and guidance. Agree what to say with the staff so that they all give the same information to ensure consistency.
- Contact all parents to ensure that they hear about the incident directly from you and try to ensure that they are given the same information. Your local SfYC office will be able to offer advice and guidance.

Full Contact Details for SfYC

Local New Forest Office

Services for Young Children, Winsor Road, Bartley, Southampton, Hants, SO40 2HR Tel. 02380 667360 Email sfyc.nf@hants.gov.uk

SfYC Headquarters

Services for Young Children, Headquarters, Elizabeth II Court North, 4th Floor, Winchester, Hants, SO23 8UG Winchester – 01962847070 Email: childcare@hants.gov.uk. Website

<http://www.hants.gov.uk/childrens-services/childcare/>

This policy is based on information from Hampshire County Council - Support and Guidance for Early Years Settings' Healthcare Needs and Critical Incidents. Guidance to support children and young people with additional healthcare needs in early years and childcare settings including response to critical incidents – **AUGUST 2018**

Primary Legislation

- Health and Safety at Work (1974)
- Children and Families Act (2014)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)

Secondary Legislation

- Control of Substances Hazardous to Health Regulations(COSHH) (2002)
- Health and Safety (First Aid) Regulations (1981)
- Code of Practice for First Aid (1997)
- Management of Health and Safety at Work Regulations (1992)
- Electricity at Work Regulations (1989)
- Public Health (Control of Disease) Act (1984)

Useful Websites

Winston's Wish – www.winstonswish.org.uk or 01242 515157 for more information

www.childbereavement.org.uk or 0845 357 1000 for more information.

www.childbereavementnetwork.org.uk or 020 7843 6309

www.crusebereavementcare.org.uk or 0870 167 1677

www.bacp.co.uk/public British Association of Counsellors and Psychotherapists

Southampton Area is Life Changes Counselling 023 8040 5569 www3.hants.gov.uk/child-protection

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Safeguarding and Welfare Requirement: Health

Providers have a duty to ensure the health, safety and welfare of its employees as far as reasonably practicable.

Health

6.8 Health and Well Being - Staff

Policy statement

Acorns Community Preschool as an employer has a duty to ensure the health, safety and welfare of its employees as far as reasonably practicable. It is also required to have in place measures to mitigate as far as practicable factors that could harm employees' physical and mental well-being, which includes work-related stress. This duty extends only to those factors which are work-related and within the preschool's control.

Acorn's management team acknowledge the potential impact that work has on an individual's physical and mental health, and as well as a moral and legal duty for taking steps to promote employee well-being as far as reasonably practicable, we understand that as a small business we need to look after our staff to ensure smooth running of the setting.

The management team are committed to fostering a culture of co-operation, trust and mutual respect, where all individuals are treated with dignity, and can work at their optimum level.

Acorns recognise that work-related stress has a negative impact on employees' well-being, and that it can take many forms, we understand that any concerns need to be carefully explored and addressed professionally by the management team.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Developr
1.3 Keeping safe	2.4 Key person	3.4 The wider context	

Definition of Stress

This policy accepts the Health and Safety Executive definition of work-related stress as “the adverse reaction a person has to excessive pressure or other types of demand placed on them”. There is an important distinction between ‘reasonable pressures’ which stimulate and motivate and ‘stress’ where an individual feels they are unable to cope with excessive pressures or demands placed upon them.

The Health and Safety Executive have produced a number of Management Standards which cover the primary sources of stress at work that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. These are:

- Demands – i.e. Workload, work patterns and the work environment.
- Control – i.e. How much say the person has in the way they do their work.
- Support – i.e. The encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – i.e. Promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – such as whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- Change – such as how organisational change (large or small) is managed and communicated within the organisation.

The preschool well-being and stress management is based on the HSE Management Standards, this policy recognises that there are many sources of work related stress and that stress can result from the actions or behaviours of managers, employees, parents/carers or children.

Procedures

Acorn’s promotes the well-being of employees by:

- Creating a working environment where potential work-related stressors as far as practicable are avoided, minimised or mitigated through good management practices, effective policies and staff development.
- Increasing the management team and employees’ awareness of the causes and effects of stress.
- Developing a culture that is open and supportive of people experiencing stress or other forms of mental ill-health.
- Developing the competence of the management team through the Knowledge, Skills and Behaviours framework, so that they manage staff effectively and fairly.
- Engaging with staff to create constructive and effective working partnerships within the setting.
- Establishing working arrangements whereby employees feel they are able to maintain an appropriate work life balance.
- Encouraging staff to take responsibility for their own health and well-being.

- Encouraging staff to take responsibility for their own work and effectiveness as a means of reducing their own stress and that of their colleagues.

Responsibilities for implementing the Staff Well-being policy

The Management Team will:

- Promote a culture of co-operation, trust, and mutual respect. Treating individuals with dignity and consideration.
- Encourage good management practices and a positive working ethos within the preschool, including encouraging mutual flexibility, allowing employees to maintain a reasonable "work life balance.
- Promote effective communication and ensure procedures are in place to manage our working environment within the setting ensuring that working practices minimise the risk of work-related stress.
- Ensure there are opportunities for individuals to raise concerns about their work, seeking advice from staff at an early stage where concerns are raised.
- Will access and cascade expertise as appropriate in order to increase their awareness of the causes and effects of work-related stress.
- Investigate and manage the situation should a member of staff cause stress to any of their colleagues.
- Develop, review and update policies and procedures to support best practice, enabling management to give or access advice on human resources concerns and ensure there are arrangements in place to support individuals experiencing stress.

Employees will:

- Treat colleagues, and all other individuals they have contact with whilst working in the setting, with consideration, respect and dignity.
- Raise concerns with management if they feel there are work issues that are causing them stress and having a negative impact on their well-being.
- Be encouraged to take responsibility for their own health and well-being by adopting healthy lifestyles.
- Take responsibility for working effectively in their individual assigned and deployed roles, as well as working together as part of an efficient team.

Legislation Framework

Primary Legislation

- The Children Act (2004)
- Children and Families Act (2014)
- The Protection of Children Act (1999)
- Safeguarding Vulnerable Groups Act (2006)
- Equalities Act (2010)

Secondary Legislation

- GDPR (2018)
- Protection of Freedoms Act (2012)
- Human Rights Acts (1998)
- Malicious Communication Act (1988)
- Children, Schools and Families Act (2010)
- Freedom of Information Act (2000)
- Race Relations (Amendment) Act (2000)
- Race Relations (Amendment) Act (1976) Regulations
- The United Nations Convention on the Rights of the Child

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Health and Safety at Work (1992/1999)
- Health and Safety (First Aid) Regulations (1981)
- Code of Practice for First Aid (1997)

Other useful Pre-school Learning Alliance publications:

- Employee Handbook (2012)
- Recruiting Early Years Staff (2016)
- People Management in the Early Years (2106)
- HSE – How to tackle work-related stress - <http://www.hse.gov.uk/pubns/indg430.pdf>
- HSE – Talking Toolkit - <http://www.hse.gov.uk/stress/assets/docs/stress-talking-toolkit.pdf>

This policy was adopted at a meeting of Acorns Community Pre-School held on

Date to be reviewed:.....

Signed on behalf of the management team:.....

Name of signatory:

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

Acorns Community Pre-School
 Hanover Hall
 Jennings Road
 Totton
 Southampton
 Hampshire SO40 3BA
 Tel: 023 8066 8234



Safeguarding and Welfare Requirement: Health

Providers have a duty to ensure the health, safety and welfare of their children as far as reasonably practicable.

Health

6.9 Health and Well Being – Children

Annex 1 – Well-Being Pyramid - Maslow’s Hierarchy of Needs

Policy statement

Well-being is a particular state or feeling that can be recognized by satisfaction, enjoyment & pleasure. The person is relaxed and expresses inner rest, feels the energy flow and radiates vitality, is open to the surroundings, accessible and flexible. - Professor Ferre Laevers

Acorns aims to create a learning community, which enables all children to become successful, independent and responsible citizens. By promoting curiosity and a desire to learn we will ensure that all children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Our aims is that all children leave Acorns as self-motivated, considerate, responsible and enthusiastic individuals. Each child at Acorns will be treated as an individual and staff will take into account the stage of growth, development, maturity and the social and community context.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.3 Keeping safe	2.4 Key person	3.4 The wider context	

Well-being relates to our basic needs as human beings. These are

- Physical needs (need to eat, drink, move & sleep)
- The need for affection, warmth & tenderness (being hugged, receiving & giving love & emotional warmth)
- The need for safety, clarity & continuity (knowing the rules, being able to predict what comes next, counting on others)
- The need for recognition & affirmation (feeling accepted & appreciated by others, being part of a group & having a sense of belonging)
- The need to feel capable (feeling that you are good at something, to experience success)

Intellectual development and social & emotional development are strongly influenced by a child's experiences during their pre-school years.

Emotional well-being includes being happy and confident and not anxious or depressed. Social well-being allows children to make good relationships.

Procedures

We promote individual children's well being by:

- Ensuring Golden rules are in place and are encouraged to be followed
- Staff promoting and encouraging independence throughout the setting
- Staff being positive role models and encouraging good manners and good personal hygiene
- Ensuring all children are treated fairly and equally
- Staff providing opportunities for children to be challenged and celebrate achievements
- Staff taking into account all children's individual needs through our key worker system
- Providing experience that promote a healthy and active lifestyle
- All staff being aware of child protection policy and procedure
- Staff allowing children to overcome challenges and learn from these experiences
- Providing inclusive children-led learning which staff observe and support
- Encouraging positive behaviour within the setting
- Supporting individual children's transitions during their time at Acorns
- Staff promoting positive relationships with parents and carers, developing a regular conversation about the children
- Annual Questionnaires for parents and carers to evaluate our practice
- Parents being involved with care plans to support staff in providing continuity of care
- Parents participating in developing care strategies for children with additional support needs

Staff understand children's emotional health needs and have the time and skills to develop nurturing relationships. They can identify factors that may pose a risk to a child's social and emotional well-being as part of the on-going assessment of their development. This could include

- A child being withdrawn
- A child being unresponsive
- Children showing signs of a behavioral problem

- Delayed speech or poor communication & language skills

The Key Person’s ongoing observation, assessment and planning for individual children will include monitoring their well-being and involvement within the setting, and support children towards their Next Steps.

Benefits to children & families

By supporting and encouraging families and their children’s wellbeing we understand:

- Children will be more engaged with learning
- Parents are more engaged with the setting
- Parents will be more interested in their child’s learning & development
- We encourage high morale within the setting
- We provide the environment to develop good relationships between staff, parents & children
- We develop the good emotional health of the children

Legislation Framework

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