



## 5. Health policy

### Aim

Ducklings pre-school based in Great Notley Community Centre is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

### Objectives

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary.
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- Identifying allergies and preventing contact with the allergenic substance.
- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents/carers.
- Identifying and promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that young children are sat safely in a suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.
- Promoting healthy lifestyle choices through diet and exercise.

- Supporting parents/carers right to choose complementary therapies.
- Recognising the benefits of child massage, by parents/carers and staff carrying out massage under conditions that maintain the personal safety of children.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

### **Legal references**

Medicines Act (1968)

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

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

Health and Safety (First Aid) Regulations 1981

Food Information Regulations 2014

### **Further guidance**

Accident Record

Allergy action plan

This health policy was adopted by	NGCA Ducklings Pre-School
On	29 <sup>th</sup> September 2025
Signed on behalf of the management committee	
Name of signatory	Ken Yap
Role of signatory	Chairperson



## 5.a. Accidents and emergency treatment

### Person responsible for checking and stocking first aid box: Maria Bell

The pre-school provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in policy 4, Food safety and nutrition and policy 5, Health.

- Parents' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times, when children are on the premises and must accompany children on outings, they regularly update their training. We take account the number of children, staff, lunch breaks and the layout to ensure that a paediatric first aider is always available and are able to respond to emergencies. We ensure that the training provider who delivers PFA training to our staff are competent.
- Students and trainees that have PFA training may be included in ratios at the level below their level of study if we are satisfied that they are competent and responsible.
- First Aid certificates are renewed at least every three years. In line with the EYFS 2024 all staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be counted in ratios.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
  - 20 individually wrapped sterile plasters (assorted sizes)
  - 2 sterile eye pads
  - 4 individually wrapped triangular bandages (preferably sterile)
  - 6 safety pins
  - 2 large, individually wrapped, sterile, un-medicated wound dressings
  - 6 medium, individually wrapped, sterile, un-medicated wound dressings
  - a pair of disposable gloves
  - a disposable apron
  - adhesive tape

- a plastic face shield (optional)
- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the pre-school who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice is kept in the main kitchen fridges.
- For minor injuries and accidents, first Aid treatment is given by a qualified first aider; the event is recorded in the pre-school's Accident Record book. Parents have an accident form to take away with them.
- In the event of minor injuries or accidents, parents/carers are informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

#### **Serious accidents or injuries**

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 7.j. Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- If the parents/carers do not arrive at the setting before the ambulance sets off for the hospital, a member of staff accompanies the child and remains with them until the parent/carer arrives.
- The supervisor arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

#### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the supervisor notifies the chairperson and Ofsted representative using a Confidential Safeguarding Incident report form, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The chairperson and Ofsted representative are notified by the supervisor of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14

days of the incident occurring. The designated person will, after consultation with the chairperson and Ofsted representative, inform local child protection agencies of these events

**Further guidance**

Accident Record (Alliance Publication)



## 5.b. Administration of medicine

A child's keyperson or keyperson buddy are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

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

### Consent for administering medication

- Only a person with parental responsibility, or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have parental responsibility, cannot give consent.
- When bringing in medicine, the parent/carer informs their keyperson/buddy keyperson, or supervisor/deputy supervisor if the key person is not available. The supervisor should always be informed.
- The child's key person/buddy keyperson or supervisor/deputy supervisor will receive the child's medication and asks or assists the parents/carers to complete medication forms.  
Forms are available at all times in the medication forms file, which are kept on the desk upstairs in the office.  
The staff are informed both verbally and they are also shown visually.
- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength
  - who prescribed it
  - dosage to be given

- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent/carer and date

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately in a marked box in the Ducklings kitchen fridge.

- Medicines are stored in a locked non-portable white metal container on the wall, next to the wall cupboard in the Ducklings pre-school room. The staff are informed about the whereabouts of any medication both verbally, and they are also shown visually.
- The key person or buddy keyperson is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan must be completed. Keypersons check that it is in date and return any out-of-date medication to the parent.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### **Record of administering medicines**

A record of medicines administered is kept in the pre-school's Medicine record books, which are kept near the children's registration files on top of the cupboard, all members of staff are aware, and it is consistent. Staff are taught how to complete the forms and book as part of their induction training.

The medicine record book records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by keyperson/supervisor
- verified by parent/carers signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell a member of staff what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. 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.

#### **Children with long term medical conditions requiring ongoing medication**

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the supervisor and keyperson. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to the risk assessment. They are shown around the pre-school, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- A Health care plan is completed fully with the parent/carer; outlining the key person's role and what information is shared with the other staff who also care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

#### **Managing medicines on trips and outings**

- Children are accompanied by their keyperson, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later stapled to the medicine record book and the parent/carer 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 as above.

**Staff taking medication**

Staff taking medication must inform their supervisor. The medication must be stored securely in staff lockers or a secure area away from the children. The supervisor must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

**Further guidance**

Medication Administration Record (Alliance Publication)



### 5.c. Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The keyperson/buddy keyperson responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The keyperson/buddy keyperson works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which considers the principles and best practice guidance given here.
- Keyperson/ buddy keypersons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment.
- Keyperson/buddy keypersons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

#### Record keeping

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

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

Copies of all letters relating to these children must be sent to the insurance provider for appraisal.

Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

### **Physiotherapy**

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

### **Safeguarding/child protection**

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

**Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**



## 5.d. Allergies and food intolerance

Before a child starts at Ducklings pre-school, parents/carers are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form. On going discussions must take place with parents/carers and where appropriate health professionals to develop allergy action plans for managing any known allergies and food intolerances. This information must be kept up to date on a child's registration form and shared with all staff.

- All staff at Ducklings pre-school must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances
- If a child has an allergy or food intolerance, a risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
  - control measures, such as prevention from contact with the allergen
  - review measures
- A Health care plan form must be completed with:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the pre-school.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on the snack menus.

### Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.

- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The pre-school must have the parents/carers' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to, 5.b. Administration of medicine.



### 5.e. Poorly children

- If a child appears unwell during the day at Ducklings pre-school, for example has a raised temperature, sickness, diarrhoea\* and/or pains, particularly in the head or stomach then a member of staff 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 raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using a fever Scan and/or ear thermometer.
- If a child's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions. Parents sign the medication record when they collect their child.\*\*
- In an emergency an ambulance is called, and the parents are informed.
- Parents are advised to seek medical advice before returning them to the pre-school; the pre-school staff can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The supervisor has information about excludable diseases and exclusion times.
- The supervisor notifies the chairperson and Ofsted representative if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

### Notifiable diseases and infection control

If staff members suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The supervisor or deputy supervisor will call 111 and inform parents/carers.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the setting. If a child is already at the pre-school, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the staff members will promote the 'catch it, bin it, kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the pre-school supervisor will seek further advice from the UKHSA, if not already contacted by them.

The pre-school supervisor has a list of notifiable diseases and contacts the UK Health Security Agency(UKHSA) and Ofsted in the event of an outbreak.

### **Unwell children upon arrival**

On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents/carers to ensure their child does not attend the setting if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the pre-school with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the supervisor/deputy supervisor will use their discretion to decide whether a child is fit to remain in the pre-school.

### **Infection control for bodily fluids – transmissible viruses**

- 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. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Soiled clothing is bagged for parents/carers to take home.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.
- Children mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

### **Handwashing**

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside play

- Before meals and snack times
- Before preparation of snack and meals
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves.
- After blowing noses
- Before and after administering medication

Public Health England advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

### **Nits and head lice**

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

\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

\*\*Paracetamol based medicines (e.g. Calpol)

The use of paracetamol-based medicine may not be agreed in all cases. Ducklings pre-school cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis unless there is an immediate reason for doing so. Ducklings pre-school does not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young children of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. However, the use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

### **Further guidance**

Medication Administration Record (Alliance Publication)

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

[https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

High temperature (fever) in children - NHS ([www.nhs.uk](http://www.nhs.uk))



## 5.f. Infection control

Good practice infection control is paramount in Ducklings pre-school. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

### Prevention

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

### Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the UK Health Security Agency.

### Informing others

Ducklings pre-school has a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

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

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

### Further guidance

Good Practice in Early Years Infection Control (Alliance Publication)



## 5.g. Oral health

Ducklings pre-school provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents/carer are discouraged from sending in confectionary as a snack or treat.
- Oral hygiene activities are included in planning at least once a year.

### Pacifiers/dummies

- Parents/carers are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents/carers are told that this has happened

### Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers.