

Health Policies

Updated 20-Aug-20



Safeguarding and Welfare Requirement: Health

- Providers must have and implement a policy, and procedures, 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
- The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.
- The provider must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment.
- Providers must keep a written record of accidents or injuries and first aid treatment.
- Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.
- Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

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3.1 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 medicine to 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, the parent should keep their 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 and dosage information have been completed, that medicines are stored correctly and that records are kept according to our procedures. In the absence of the key person, the session leader is responsible for the overseeing of administering medication.

Procedures

- Children taking medication must be well enough to attend the setting.
- Children's medicine must be stored in its original containers, which are clearly labelled with the child's full name and are inaccessible to the children.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - The full name of child and date of birth;
 - the name of medication and strength;
 - previous dosage, strength and time given;
 - the dosage and times to be given in the setting;

- the method of administration;
- how the medication should be stored and its expiry date;
- any possible side effects that may be expected; and
- the signature of the parent, their printed name and the date.
- Prescription medicines will only be administered if have been prescribed for the named child by a doctor, dentist, nurse or pharmacist.
- The administration of medicine is recorded accurately in our medication record each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record to acknowledge the administration of the medicine.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member(s) of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record.
- 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 records to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in the first aid cupboard or refrigerated as required.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons must check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

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

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken, clearly labelled with the child's name and the name of the medication, with a copy of the consent form and a sheet to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the sheet is inserted into the child's record and the parent signs it.
- If a child on medication must 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 should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

3.2 Managing children who are sick, infectious, or with allergies

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.

Procedures for children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using an ear probe thermometer, kept in the first aid box.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Parents are asked to take their child to the doctor if appropriate, before returning them to the setting; we may refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- 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.
- If anyone in the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste of smell (anosmia), they will be sent home and advised to follow '[Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection](#)', which sets out that they must self-isolate for at least 7 days and [should arrange to have a test](#) to see if they have coronavirus (COVID-19). Other members of their household (including any siblings) should self-isolate for 14 days from when the symptomatic person first had symptoms.
- We have 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 as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

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:

- Wear single-use vinyl gloves 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 we may ask a parent to keep the child away until the infestation has been treated.
- On identifying cases of head lice, we inform all parents, asking them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.

- This risk assessment form is kept in the child's personal file and a summary is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting.
- 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

- If necessary, our insurance will 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 our 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.
- **Oral medication:**
 - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We 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 our 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).
 - We 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 our staff to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
 - Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- **Key persons for children with additional needs, requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:**
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
 - Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk.

3.3 Recording and reporting of accidents and incidents

Policy statement

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

Procedures

Our accident book:

- is kept in a safe and secure place;
- is accessible to our staff and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual 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.

- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (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. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
 - When one of our employees suffers from a reportable occupational disease or illness 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.

Incident book

- We have ready access to telephone numbers for emergency services, including the local police. We have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. As we rent our premises we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our 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, our manager risk assesses this situation and decides if the premises are safe to receive children. Our manager 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 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 keep an incident book for recording major incidents, including some of those that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or our setting's property;
 - an intruder gaining unauthorised access to our premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on an adult or child on our premises or nearby;
 - any racist incident involving families or our staff on the setting's premises;
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises;
 - the 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 regarding evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed, and our 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 our premises, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own concerns file.

- As required under the *Education 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.

Legal framework

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

Further guidance

- Education Inspection Framework: Education, Skills and Early Years (Ofsted 2019)
- Early Years Inspection Handbook for Ofsted Registered Provision (Ofsted 2019)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor
- Accident Record (Pre-school Learning Alliance 2019)
- CIF Summary Record (Pre-school Learning Alliance 2016)
- Reportable Incident Record (Pre-school Learning Alliance 2015)

3.4 Nappy changing

Policy statement

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards 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 full support and non-judgemental concern of adults.

Procedures

- Our key persons are aware of the children in their care requiring nappy changes, and change nappies at key points throughout the day, or more frequently where necessary.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children.
- Each child brings their own bag with their nappies or pull ups and changing wipes.
- Gloves and aprons are not always required for a wet nappy where there is no risk of infection, however, they are always available for those staff who choose to wear them.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children 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.
- We encourage children 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.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies, trainer pants and ordinary pants that have been wet or soiled are double bagged for parents 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.

3.5 Food and drink

Policy statement

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

Procedures

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

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the 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 form 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 updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We inform parents of snacks provided.
- We provide nutritious food for all cooking activities and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives, and colourings.
- Where appropriate, we include a variety of foods from the four main food groups:
 - meat, fish and protein alternatives;
 - dairy foods;
 - grains, cereals, and starchy vegetables; and
 - fruit and vegetables.
- In our cooking activities, we include foods from the diets of different children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through discussion with parents and research reading, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We show sensitivity in providing for children's diets and allergies. We do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We do not provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts, however these are able to be brought in packed lunches..
- To protect children with food allergies and maintain hygiene, we discourage children from sharing and swapping their food with one another.
- We organise meal and snack times so that they are social occasions in which children and adults participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- Where appropriate, we provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- We give parents who provide food for their children information about suitable containers for food.
- For children who drink milk, we provide semi-skimmed milk from the age of two years; as a drink at snack time.
- We have a water dispenser and cups available, so children have fresh drinking water constantly available.

Packed lunches

Children in our setting are required to bring packed lunches if they are with us for the afternoon session, we:

- Encourage parents to include an ice pack in packed lunches to keep food cool;
- Inform parents of this policy on healthy eating;
- Encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche, as we can only provide cold food from home.
- Discourage sweet drinks; and ask parents to provide their child with a bottle of water or other healthy drink each day in their lunch.
- 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 that adults sit with children to eat their lunch so that the mealtime is a social occasion.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further guidance

- Safer Food, Better Business (Food Standards Agency 2011)

3.6 Food hygiene

Policy statement

We provide and/or serve food for children on the following basis:

- Snacks.
- Packed lunches.

We maintain the highest possible food hygiene standards regarding the purchase, storage, preparation and serving of food. We are registered as a food provider with the local authority Environmental Health Department.

Procedures

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business for Caterers (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
 - All our staff follow the guidelines of Safer Food, Better Business.
 - All our staff who are involved in the preparation and handling of food have received training in food hygiene
 - The person responsible for food preparation and serving carries out daily checks on the kitchen to ensure standards are met consistently.
 - 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 to children within 4 hours of preparation at home.
 - Food preparation areas are cleaned before and 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 several reasons; not all cases of sickness or diarrhoea are because 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 our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

Further guidance

- Safer Food Better Business (Food Standards Agency 2011)

3.7 Children and Families Returning to pre-school during Coronavirus Pandemic.

Policy statement

We aim to provide care for healthy children through preventing cross infection of the COVID-19 virus. This policy will remain in place, until further notice and supersedes any contradictory parts of our existing policies:

We will be using the governments 'System of controls' guidance to form our policy. This is the set of actions early years settings must take.

These are; To:

- 1) Minimise contact with individuals who are unwell by ensuring that those who have coronavirus (COVID-19) symptoms, or who have someone in their household who does, do not attend settings

- 2) Clean hands thoroughly more often than usual
 - 3) Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
 - 4) Introduce enhanced cleaning, including cleaning frequently touched surfaces often using standard products, such as detergents and bleach
 - 5) Minimise contact between groups where possible
 - 6) Where necessary, wear appropriate personal protective equipment (PPE)
- Numbers 1 to 4 must be in place in all settings, all the time. Number 5 must be properly considered, and settings must put in place measures that suit their particular circumstances. Number 6 applies in all specific circumstances.*

Response to any infection:

- 7) Engage with the NHS Test and Trace process
 - 8) Manage confirmed cases of coronavirus (COVID-19) amongst the setting community
 - 9) Contain any outbreak by following local health protection team advice
 - 10) Notify Ofsted
- Numbers 7 to 10 must be followed in every case where they are relevant.

Procedures:

General Procedures

- At pre-school, the adults (both parents and staff) will be expected to follow social distancing guidelines and remain 2 metres apart from each other.
- Children will NOT be expected to socially distance from each other, or the staff members in the setting.
- If your child attends more than one setting, another preschool, nursery or childminder you **MUST** discuss this with Rosie and where possible, choose only one setting. This will enable the number of children in contact with your child (and therefore all the other children at pre-school) to be kept as small as possible and prevent the spread of the virus between settings.
- Before your child returns to preschool, you **MUST** complete an updated permission form, ensuring that at least 3 of your emergency contacts are up to date and are able to collect your child within 30 minutes in the event of an emergency or they become ill.
- Children **MUST** only come to preschool if they are symptom free of any illness. Please do not bring your child to pre-school if they have needed Calpol or any other non-routine medication in the preceding 24 hours.
- Parents, prospective parents and visitors will only be allowed into preschool if it is essential. We will not be holding any open sessions for prospective parents, while we are open, until further notice.
- We will only be hosting regular, longer term (more than one week) student and volunteer placements to minimise exposure.

Dropping off and collecting your child

- To minimise the disruption to the session while maintaining distancing between families, you will be given a time slot for the start and end of the session. A small number of other parents will have the same time as you, so please be considerate and maintain social distancing while waiting to drop off or collect your child. Please only arrive at preschool for your designated time slot. Do not arrive earlier than your slot. If you arrive after your slot, we may need to give you a late arrival time slot once everyone else has dropped off their child(ren).
- Only one parent **who is symptom free** should come into the pre-school car park to drop off or collect your child.
- If a parent should be quarantining, shielding or isolating at home, they should not drop off to pre-school. Children who are extremely vulnerable should remain shielding at home and not return to preschool until further government notice advises.
- Buggies, scooters & bikes etc. will be able to be left outside pre-school, but will not be separated from other people's belongings, or protected from the weather, so if possible, they should be left at home.
- The car park will be closed to parents' cars, to allow space for distancing during drop off and collections. The parking restrictions in the street are not in force at our drop off or collection times.
- When dropping off and collecting your child, please follow the below procedures:
 - Follow the one-way system, walking on the left (so you enter near the church building, following the footprints on the floor. Please ensure you remain at least 2 meters from all other adults in the area, keep your child near you and encourage them not to touch the railings, walls or signs.
 - At the pre-school gate, there will be a member of staff to greet you and tick your child in on the register. You should leave your child with the member of staff at the gate and leave using the one-way system. When collecting your child at the end of their session, please wait outside the gate and your child will be brought out to you.

What will your child need?

- Clothing

- On your child's first day back, please supply a named bag of clothes/nappies/wipes etc. for your child, which will stay at pre-school (with items only being sent home if they are used). **Please ensure all items sent are named.**
- Outdoor play will be available for almost the whole of the session **regardless of the weather** so please dress your child appropriately.
- If it is sunny please apply sun cream to their skin at home before you bring them in, ensure their shoulders are covered with a t-shirt so staff have as little time applying sun cream to your child should they require a top up. Ensure they have a sun hat and sun cream.
- If it is wet, they might want welly boots and waterproof trousers, and will definitely need a waterproof coat.
- Your child should come in a clean set of clothes each day, and it is advised that these clothes are changed and washed as soon as they get home.
- Other Belongings
 - Children should not bring in any toys or blankets into pre-school. If you feel your child will need a comforter at pre-school, please speak to Rosie about this.
 - We ask that you **DO NOT** send a drinks bottle with your child (as these sometimes get handled by other children during the day). We will always have drinking water and clean cups available. Milk will also be available as usual to those who choose it during snack time.
 - If your child stays for lunch, please send their packed lunch in a hard box which should be washed each night, or a disposable bag. Please try to pack only products which can be opened easily, to minimise others touching food items before they are eaten. Remember all fruit must be cut into tiny pieces to avoid choking.

What will pre-school look like for my child?

We know that this time has been (and will continue to be) extremely unsettling for young children and we hope to be able to keep pre-school feeling like a normal safe place for them.

- The Daily Routine
 - When arriving, before leaving, and at more frequent points during the session, we will support children to wash their hands thoroughly.
 - Our self-service snack time will be temporarily served ready prepared to the children, to ensure they are not able to touch each other's food.
 - On arrival, and periodically throughout the session, we will take children's temperatures, using a non-contact thermometer.
 - We have completed training in how to safely support children on their return and will use the learnings from this when we return, for example, where possible we will allow a little more space in our routine and consider placement of ourselves and the children i.e. sitting side by side rather than face to face.
- Using PPE
 - Staff will wear disposable gloves and aprons when appropriate while supporting with toileting, changing children's nappies or clothes or serving food.
 - Staff will wear face shields or masks when holding meetings with parents.
 - Staff may choose to wear a face mask at all other times while at work if they wish to do so. These will be provided.
- The environment and cleaning
 - We have risk assessed our resources and environment have decided to refrain from using some resources for the time being as they are too difficult to clean thoroughly. We will continue to regularly review this and make changes based on government advice and our own assessments.
 - Some other resources will be reduced in number to allow for cleaning and rotation.
 - We have carried out a full clean of the pre-school environment. We will continue to clean thoroughly during the day and at the end and beginning of each day we will do a thorough clean.
 - All resources and equipment will be fully sanitised regularly.

At home and while travelling

- It is still important to reduce contact between people as much as possible. At pre-school, social distancing is not practical with such young children. In order to contribute to reduced transmission please ensure that outside of pre-school, you, your child and your family continue to follow the current social distancing guidelines set out by the government.

- When planning your journey to pre-school, please follow the safer travel guidance for passengers, which states:
 - Pupils and parents should do all they can to help make sure they and others can travel safely. This can be done through:
 - not leaving home if anyone in their household, has symptoms of coronavirus
 - avoiding travelling on public transport, particularly at peak times
 - maintaining a 2-metre distance from others who are not in their household
 - ensuring good respiratory hygiene by using the 'catch it, bin it, kill it' approach
 - avoiding touching their face
 - washing their hands thoroughly before and after travelling
 - wearing a face covering if they need to use public transport. When deciding whether children wear a face covering on public transport, it is also important to remember that face coverings should not be used by children under the age of 3 or those who may find it difficult to manage them correctly and that it is important that those using face coverings are able to do so properly.

What will happen if someone from preschool is ill?

If a child or adult who has been at the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they / their parent **MUST** inform Rosie immediately.

- The parent must ensure that the child and members of their household self-isolate for at least 14 days and should arrange to have a test to see if they have coronavirus (COVID-19).
 - If the test result is negative, the child must still isolate for the remainder of the 14-day period as they could still develop coronavirus within the remaining days, but other members of their household (including any siblings) can stop isolating unless they develop symptoms.
 - If the test result is positive;
 - The parent **MUST** inform Rosie immediately.
 - The child (or staff member) must now isolate for at least 10 days from the onset of their symptoms and their household should self-isolate for at least 14 days from when the symptomatic person first had symptoms.
- Everyone who has been in contact with the child in the preceding 48 hours (which may be our entire group) must now isolate for 14 days. This means pre-school **MAY** have to close for at least this duration. The 14 days is counted from the last day of attendance of the person with symptoms. Household members of those attending pre-school do not need to self-isolate, unless they develop symptoms.
- If another person from the group becomes symptomatic, they **MUST** inform Rosie immediately and arrange to have a test to see if they have coronavirus (COVID-19), following the process detailed above.
- If a child becomes ill while at pre-school, we will isolate them, with one member of staff, while we wait for their parent.

The future

- If there is anything you would like to see us doing at pre-school, please talk to Rosie about it.
- We will review, reflect on, and revise our procedures regularly as some decisions may not work or we may develop a better way of doing something.
- This policy will be reviewed and updated regularly, or more often if needed and will be sent to you each time it is updated.

Further guidance

- Further guidance is available at www.gov.uk