

Section 6.0

Health

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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.

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, 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.

The Playgroup Leader, Deputy or key person, is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The Playgroup Leader is responsible for the overseeing of administering medication. The Playgroup Leader notifies our insurance provider of all required conditions as laid out in our insurance policy.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- 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.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.

- Parents 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:
 - the full name of child and date of birth;
 - the name of medication and strength;
 - who prescribed it;
 - the dosage 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.
- The administration of medicine is recorded accurately in the medication record book each time it is given and is signed by the person administering the medication record. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of medicine. The medication book records the:
 - name of the child
 - name and strength of the medication
 - name of the doctor that prescribed it
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verified that the medication has been given correctly
 - parent's signature
- We use the Pre-school Learning Alliance's Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
- 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 a marked plastic box or refrigerated as required.

- The Playgroup Leader or Deputy Leader 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. The Key person or Playgroup Leader 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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the Playgroup Leader 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 care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

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 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 and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the 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.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

Other useful Pre-school Learning Alliance publications

- Medication Record (2013)
- Daily Register and Outings Record (2012)

This policy was adopted by	The Newman Pre-School Playgroup	<i>(name of provider)</i>
On		<i>(date)</i>
Date to be reviewed		<i>(date)</i>
Signed on behalf of the provider		
Name of signatory		
Role of signatory (e.g. chairperson)		

Safeguarding and Welfare Requirement: Health

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.

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

Policy statement

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

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 – the Playgroup Leader calls the parents and asks them to collect the child, or 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 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 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, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can 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, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, 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 snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- 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 the Public Health England.
- When we become aware, or are formally informed of the notifiable disease, the Playgroup Leader informs Ofsted and contacts Public Health England and acts on any advice given.

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 and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- **B**ag 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 cleared.
- On identifying cases of head lice, we inform all parents ask them 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 setting 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).
- 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 copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- 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 person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
 - Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
 - The key person 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/insert.

Further guidance

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On		<i>(date)</i>
Date to be reviewed		<i>(date)</i>
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Other useful Pre-school Learning Alliance publications

- Good Practice in Early Years Infection Control (2009)
- Medication Administration Record (2013)

Safeguarding and Welfare Requirement: Health

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

6.3 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 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 (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:
 - any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment;
 - any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
 - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
 - when a member of staff 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; and
 - any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.
- Information for reporting incidents to the Health and Safety Executive is provided in the Pre-school Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

Our incident book

- We have ready access to telephone numbers for emergency services, including the local police. As we hire the hall from Bromley Mytime, we ensure 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 Playgroup Leader risk assesses this situation and decides if the premises are safe to receive children. Our Playgroup Leader 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 that are reportable to the Health and Safety Executive as above. These incidents include:
 - a break in, burglary, or theft of personal or the setting's property;
 - an intruder gaining unauthorised access to the premises;
 - a fire, flood, gas leak or electrical failure;
 - an attack on an adult or child on the 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 the 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 with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the 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, confidentially, in the child's own file.

Common Inspection Framework

- As required under the Common Inspection Framework, we maintain a summary record of all accidents, exclusion, 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)

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

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Other useful Pre-school Learning Alliance publications

- Accident Record (2013)
- CIF Summary Record (2016)
- Reportable Incident Record (2015)

Safeguarding and Welfare Requirement: Health

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

6.4 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. As far as possible, toilet training if initiated at home, will be continued within the pre-school environment to maintain continuity and children will be treated as individuals by all staff. Some children will be able to use the toilet alone, while others may need help and may be reluctant to accept this help. Any toilet accidents will be treated with care, and clean clothes provided, which parents should wash and return to the pre-school. 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 do not however hold stock of any nappies/pull ups or wipes and parents must provide their own supply of these items. A Parental Consent Nappy Changing Form must be completed and returned.

Some children may be reluctant for staff to change their nappies and it is the aim of the pre-school to ensure that nappies are changed in a caring and hygienic way, agreed with the parents/carer. If a child is distressed by nappy changing, the parent/carer may be asked to attend the setting to change the nappy.

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

- 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 their parents agree.
- Nappies will be changed when needed on the designated changing mat in the setting where there are facilities for staff to wash their hands using hot and cold running water.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times
- Disposable gloves and aprons are put on by staff before changing starts and the areas are prepared. Paper towels are put down on the changing mat freshly for each child and the mat cleaned after each use.
- Wet/soiled nappies/pull-ups will be removed.
- Child will be cleaned from front to back using wipes, and barrier cream may be applied, all to be supplied by the parent/carer.
- A clean nappy/pull-up, supplied by the parent/carer, will be secured on the child.
- The dirty nappy/pull-up and all cleaning materials will be double-bagged and disposed of in the designated bin, along with the disposable gloves and apron.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- 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 paper towels to hand.
- Anti-bacterial hand wash liquid 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.
- Older children alert staff when they need the toilet and are encouraged to be independent.

- Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and double 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.

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Name of signatory		
Role of signatory (e.g. chairperson)		

Safeguarding and Welfare Requirement: Health

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

6.5 Food and drink

Policy statement

Our Playgroup regards snack time as an important part of our day. We promote healthy eating. At snack time, 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 6.2)
- 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 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 provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- 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 parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise snack times so that they are social occasions in which children and staff participate.
- We use snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- 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 day.
- We inform parents who provide food for their children about the storage facilities available in the setting.
- 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 from sharing and swapping their food with one another.

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)

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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)

Safeguarding and Welfare Requirement: Health

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

6.6 Food and general hygiene

Policy statement

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

- Snacks.

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 local authority Environmental Health Department.

Procedures

- All staff involved in the preparation and handling of food have received in-house training in food hygiene.
- 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.
- Food preparation areas are cleaned before use as well as after use.
- We display a Kitchen Hygiene Checklist for daily use by practitioners and volunteers.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Food for use in playgroup is bought on a weekly basis 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 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 setting, the Playgroup Leader will contact the Environmental Health Department 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.

Personal Hygiene

- Hands are washed after using the toilets and before eating and drinking.
- Children will wash their hands before cookery and any other activity which entails contact with the mouth.
- Children with pierced ears are not allowed to try on or share each other's earrings.

- A large box of tissues is available and children are encouraged to blow and wipe their own noses when necessary. Soiled tissues will be disposed of hygienically.
- Children are encouraged to shield their noses when sneezing and their mouths when coughing.
- All towels are taken home and washed at the end of each session.
- Paper towels will be used to dry hands after washing to prevent cross-contamination.
- Play dough is replaced weekly and, if sand, play dough etc are spilt on the floor, they are immediately thrown away.
- Hygiene rules relating to bodily fluids are followed with particular care and all staff and volunteers are made aware of how infections can be transmitted.

Cleaning and Clearing

- Any spills of blood, vomit or excrement will be wiped up and flushed down the toilet. Disposable rubber gloves are to be used when clearing up any bodily fluids and disposed of afterwards. Floors and other affected areas are disinfected using chlorine or iodine bleach diluted according to the manufacturer's instructions. Fabrics contaminated with body fluids are to be thoroughly washed in hot water.
- Spare laundered pants and other clothing, is available in case of accidents and polythene bags are available in which to wrap soiled garments.
- All surfaces are cleaned daily with an appropriate cleaner.
- We have a schedule to ensure that all toys, dressing up costumes and equipment are cleaned and sterilised at regular intervals.

Food Hygiene

- Always wash hands using soap under running water before handling food and after using the toilet.
- Not to be involved with the preparation of food if suffering from any infections/contagious illness or skin trouble.
- Never smoke in the kitchen or any room storing food.
- Never cough or sneeze over food.
- Use different cleaning cloths for kitchen and toilet areas.
- Prepare raw and cooked food in separate areas.
- Keep food covered.
- Ensure waste is disposed of properly and is out of reach from the children.
- Keep a lid on the dustbin and wash hands after using it.
- Wash fresh fruits and vegetables thoroughly before use.
- Any food or drink that requires heating will be heated immediately prior to serving and not left standing.
- No food or drink will be reheated.
- Tea Towels will be kept scrupulously clean and washed between sessions.
- All utensils will be stored in a dust free place – e.g. closed cupboard or drawer.

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)

This policy was adopted by	The Newman Pre-School Playgroup	<i>(name of provider)</i>
On		<i>(date)</i>
Date to be reviewed		<i>(date)</i>
Signed on behalf of the provider		
Name of signatory		
Role of signatory (e.g. chairperson)		