



04. LF Health policy 2025-2026

Alongside associated procedures in 04.1 to 04.7 Health Procedures, this policy was adopted by Little Fishes Nursery school on 01/04/22, and reviewed on 27/04/23, 01/03/24 ,07/03/25, 3/9/25 & 11/03/26

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04. Little Fishes Health Policy

Roles and responsibilities

Health & Safety Lead Nursery Manager	Amber Delves	manager@littlefishesrowledge.org.uk
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St. James' Church Health & Safety Officer	Peter Ivermee	Peter.ivermee@stjamesrowledge.org.uk
Responsible for monthly checking and replenishing of first aid box	Eva Coll/ Sarah Patten	eva@littlefishesrowledge.org.uk

Aim

The provision at Little Fishes 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 child 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, especially during weaning.**
- **Ensuring that all staff know the difference between allergies and intolerances.**
- identifying food ingredients that contain recognised allergens, and displaying this information for parents
- **Identifying and promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill**
- **Ensuring that food prepared is in line with the child's individual developmental needs and working in partnership with parents on this.**
- **Ensuring that food is prepared for children in a way that prevents choking.**
- **Ensuring that young children are sat safely 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.**

- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE, UKHSA and World Health Organisation (WHO) guidance.

04.1 Procedures: Accidents and emergency treatment

- Little Fishes 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 03. Food Safety and Nutrition and 04 Health.
- Parents' consent to emergency medical treatment, at registration on the registration form.
- At least one person who has a current paediatric first aid (PFA) certificate **must** always be on the premises and available when children are on the premises and must accompany children on outings. We take into account the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies. We aim for all our regular staff to hold a paediatric first aid certificate. **We ensure the training provider is competent.**
- Students and trainees required to have PFA training to be included in ratios at the level below their level of study, **if the manager is satisfied, they are competent and responsible.**
- A list of current first aiders is displayed in the foyer and certificates are available in the staff certificate folder. First Aid certificates are renewed at least every three years. In line with the EYFS, 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 to be counted in ratios.
- **Managers track the location and type of injuries occurring in setting termly to establish any patterns.**

First Aid Boxes

Person responsible for checking and replenishing first aid box: *Eva Coll*

- All members of staff know the location of First Aid box, the contents of which are in line with St John's Ambulance recommendations (see Appendix 1).
- The forest first aid bag (also taken on trips) contains extra items (see Appendix 3).
- Vinyl single use gloves are kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for monthly checking and replenishing the First Aid Box contents. A record is made of this check.
- **LF does not maintain a defibrillator as there is now a community one provided on the fence outside of the churchyard.**
- Cool packs for bumps are kept in the main kitchen fridges.

Minor injuries and accidents: treatment and response

- For minor injuries and accidents, First Aid treatment is given by a qualified first aider.
- Staff are trained in using a life vac in the event of a serious choking incident. This is kept in the hatch at lunchtime.

Minor injuries and accidents: recording and reporting

- The event is recorded on a Tapestry accident form, **from 1st April 26, this includes a body map**, within the child's care diary.
- The accident form is approved by a manager.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, and asked to sign the digital accident form.
- For any head injury or if the child is unduly upset, or members of staff have any concerns about the injury, 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.

- In the event of a child arriving at Little Fishes with an injury, the injury will be recorded on *06.1d Pre-existing injury form* (See safeguarding policy). First aid is given, if required, and procedures in 06. Safeguarding and Child protection procedures followed.
- Accident forms are kept together and retained in line with the 07 Record and Data Protection policy

Serious accidents or injuries: treatment and response

- 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, 06.07: Child safety and security: 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. **Hard copies are kept in the registration folder in the staff filing cabinet.**
- Parents or carers are contacted and informed of what has happened and where their child is being taken.
- 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.
- Little Fishes manager can arrange for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Serious accidents or injuries: recording and reporting

- In the event of a serious accident, injury or illness, the deputy or manager responsible for the session notifies their manager (if absent), the Safeguarding Officer and the designated Health and Safety lead for St James' Church. An *06.1c Confidential safeguarding incident report form* is completed. Both are done as soon as possible after the event.
- If required, a RIDDOR form is completed by the St. James' Health and Safety Officer; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The Little Fishes Steering Group and PCC trustees are notified by the Little Fishes manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care.
- The manager will, after consultation with the Little Fishes Steering Group and PCC trustees, inform local child protection agencies of these events. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. Ofsted will be notified and any advice given by them will be acted upon.

Staff injuries and accidents

- The same procedures are carried out in the event of an injury or accident involving a member of staff/ adult.
- The injury is recorded on 04.1b LF injury or accident form_adult

04.2 Procedures: Administration of medicine

- Key persons 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 necessary.
- If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect.
- Little Fishes managers 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 (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs the deputy or manager, who informs the child's key person/buddy key person, if the key person is not available
- The key person or buddy key person will receive the medication and ask parent to sign *04.2a Little Fishes medication consent form*. The copy of this is kept in the register.
- 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 and date
- The deputy/manager are responsible for completing the *04.02b Medical Summary Form* in the register and ensuring all staff on duty know these details.
- *04.02b Medical Summary Form: Is updated as new information is provided or new children join the setting, kept in the register and reviewed monthly*
- 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.
- 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.

Storage of medicines

All medicines are stored safely.

- Refrigerated medication is stored in a box in the main kitchen fridge. All staff are briefed about the administration of the medication and this is the responsibility of the deputy /manager.
- Unrefrigerated medicine is stored in a medicine bag in the kitchen. The children do not have access to this.
- The key person/ buddy 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. *04.2a Little Fishes medication consent form* must be completed. Key persons check that it is in

date and return any out-of-date medication to the parent. In this case medication is locked away daily in the staff filing cabinet.

- 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 on the *04.02a Medication consent form* record form.
- **The medicine record, records: name of child, name and strength of medication, the date and time of dose, dose given and method, signed by key person/setting manager, verified by parent/carer signature at the end of the day**
- This is kept in the register while active and then stored in the child's individual file once completed.
- The record needs to be verified by a parent signature at the end of the day and a witness signs the medicine record form 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 their key person 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/care

- Risk assessment *04.04a LF Medical Condition or Allergy Action Plan* is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to the risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.
- For some medical conditions, key 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.
- *04.04a LF Medical Condition or Allergy Action Plan* is completed fully with the parent; outlining the key person's role and what information is shared with other staff who 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 key person (or buddy key person), or another named staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic bag (or box) labelled with the child's name, name of medication, copy of the consent form to record administration, with details as above.

- The copy is attached to the *04.2a Little Fishes Medication Consent Form* 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 as above.

Staff taking medication

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

04.3 Procedures: Life-saving medication and invasive treatments

- **Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**
- *04.2c Little Fishes Health care plan* must be completed.
- Life-saving medication and invasive treatments may include adrenaline injections (Epi-pens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).
- The key person 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 key person 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 takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons 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 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
 - *04.2c Little Fishes Health care plan*
- Copies of all letters relating to these children must be sent to the insurance provider for appraisal, if required
- Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record log of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person 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 practitioner applying the technique in the first instance.

Safeguarding/child protection

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

04.04 Procedures: Managing Allergies and Food Intolerance (Duplicate Copy in 03.03)

- All staff at Little Fishes must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances
- No nuts or nut products are used within the setting. Parents/carers are made aware, so that no nut or nut products, including pesto and suntan lotions are accidentally brought in, regular reminders are sent out. Any foods containing food allergens are identified on children's menus. And snack allergen record.
- To ensure the safety and well-being of all children with allergies or food intolerances, the following procedures and resources are in place:

Child Documentation and recording information

- Before a child begins at the setting, parents are asked to disclose any known allergies or food intolerances 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 children with food allergies or dietary needs are added to the *04.02b Medical Summary Form*, which is:
 - Updated as necessary.
 - Kept in the register.
 - Shared with all staff
 - Reviewed monthly
- A visual list of children and staff allergies and intolerances is displayed:
 - On the information board in the main room.

- In the register.
- In the lunch administration box.
- Reviewed monthly
- The managers maintain a Food Safety folder
 - containing child information on Food Allergies and Dietary Needs
 - a list of all children with known food allergies, intolerances or dietary needs
 - updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment).
 - This is displayed for all staff and the risk assessment shared.
 - record of food menus and snacks served along with any allergens
 - a copy of the FSA booklet 'Allergen information for pre-packed and loose foods' available at <https://www.food.gov.uk/business-guidance/allergen-information-for-pre-packed-and-loose-foods>
 - a copy of the Food Allergy Online Training CPD certificate for the cook and each member of staff that has undertaken the training
- If a child has a **mild allergy or food intolerance**, the *04.4a LF Medical Condition or Allergy Action Plan* is completed. This includes:
 - The identified allergen (e.g. nuts, eggs, bee stings, cats).
 - The level of risk based on potential contact with the allergen.
 - Control and prevention measures.
 - Measures for ongoing review.
 - Reviewed 6 monthly with parents
- If a child has a **severe allergy or food intolerance**, the *04.2c Health Care Plan Form* must be completed. This includes:
 - Details of the reaction (e.g. anaphylaxis, rash, swelling, breathing issues).
 - Management strategies for allergic reactions.
 - Medication required (e.g. Epipen) and administration method.
 - Parents are required to demonstrate to staff how to administer any medication in case of an allergic reaction.
 - Completed by a medical health care professional
 - Reviewed 3 monthly with parents
- A copy of the active risk assessment or health care plan is also kept in the register and shared with all staff.
- Archived to the child's individual development file when no longer active.
- These records are maintained in accordance with policy *07 GDPR and Record Keeping Policy*.

Communication and recording of food provided

- Snacks served are:
 - Recorded in the *food safety file (03.01a)*.
 - Displayed to parents on the daily whiteboard with allergen information.
 - An *allergen chart (03.01b)* showing allergens present in snack foods is displayed on the parent noticeboard.

Training and Guidance

- The manager, deputy, and food lead practitioner complete the Food Allergy Online Training CPD module, available at allergytraining.food.gov.uk or Allergy awareness in Y Level 2 training with EYA.

- A copy of each staff member's training certificate is stored in their staff certification file.
- All staff handling food are required to read the FSA booklet "Allergen information for loose foods", at induction, available at: food.gov.uk/sites/default/files/media/document/loosefoodsleaflet.pdf.
- A copy is also stored in the Food Safety File.
- Staff are encouraged to refer to:
- NHS guidance on food allergies: www.nhs.uk/conditions/food-allergy
- NHS guidance on anaphylaxis: www.nhs.uk/conditions/anaphylaxis
- BSACI allergy action plan

Oral Medication for allergies

- All procedures in 04.02 Administration of medicine must be followed
- Oral medication (including inhalers) must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.
- For other life-saving medication and invasive treatments please refer to 04.03 Administration of live saving and invasive medicine. Parents show staff how to administer medication in the event of an allergic reaction.

04.5 Procedures: Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea (2 loose stools) or pains, particularly in the head or stomach then the deputy/manager or session leader, calls the parents and asks them to collect the child or send a known carer (emergency contact) 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 an electronic scan thermometer.
- We do not hold bottles of Paracetamol based medicines (e.g. Calpol, Nurofen) –from parents on a 'just in case' basis, unless there is an immediate reason for doing so, such as part of 04.02c Health care plan. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'.
- Paracetamol or equivalent should not be used to reduce temperature so that a child can attend the setting for a normal day.
- If paracetamol is given to a child at home, to reduce temperature, parents are asked to wait for **4 hours** before bringing them in, in case the paracetamol is masking other symptoms **ie the child should not attend if given paracetamol after 5am**
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting 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**, to monitor child's reaction.
- After diarrhoea* or vomiting, parents are asked to keep children home for **48 hours** following the last episode.
- **The setting keeps printed information on responding to diarrhoea, vomiting and excludable diseases in the policy file for reference.**

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 setting with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager will use their discretion to decide whether a child is fit to remain in the setting.

Notifiable diseases and infection

- The setting has a contingency plan for additional measures it would use in the event of an outbreak. Government and public health advice would be sought and followed. Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- 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 setting, 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 educators 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 setting manager will seek further advice from the UKHSA, if not already contacted by them.
- The setting has information about excludable diseases and exclusion times, following advice from PHE/NHS. This is communicated to parents via the newsletter and welcome pack.
- If there is an outbreak of an infection, the setting manager notifies their line manager and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and follows guidance from UKHSA (currently and /or D of E and Ofsted / HCC (if required) in the event of an outbreak.
- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad, such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS 111 and informs parents.

Infection control for bodily fluids

Viruses such as HIV and 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.

- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution, specific bowl and red Jeyes cloths, specific bowls and mops; cloths used are disposed of with waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Children are strongly discouraged from putting toys in mouths but if so they are cleaned and plastic toys cleaned in sterilising solution regularly.

Please refer to Health and Safety Policy for more detailed guidance.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, 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.

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis)

04.05 Procedures: Infection control

Good practice infection control is paramount at Little Fishes. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

As well as following the UKHSA guidance signposted, we have in place baseline infection prevention and control measures that will help to manage the spread of infection:

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Cleaning schedule to detail when touchpoints are cleaned. (See *01: LF Health and Safety Policy, 01.01d Daily cleaning checklist, 01.03a Kitchen cleaning schedule and 01.05a Toilet cleaning schedule.*)
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach. When it is not possible to wash hands use alcohol gel, especially after blowing noses.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.
- Ensure occupied spaces are well-ventilated and let fresh air in.
- Ensure all eligible groups are enabled and supported to take up the national vaccination offers

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 breaks
 - 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.

04.06 Oral health

Little Fishes provides care for children's health by promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing. It is beneficial for us all to have a clear understanding of how to support our children with oral health. It is said that 25% of children under the age of 5 experience tooth decay. This can be a result of eating a poor diet, brushing teeth less than twice a day with appropriate toothpaste or coming from a deprived background.

It is therefore important for us to support children with oral health, as their first experiences can have a great impact on the rest of their lives. By supporting them, we can teach them about their mouths, introduce them to good habits and normalise dental visits.

- Fresh drinking water is always available and easily accessible.
- Children have their own labelled water bottles in nursery to which they can have a drink when needed throughout the session. Only water is allowed in the bottles during Nursery sessions.
- In partnership with parents/carers, babies are introduced to an open free-flowing cup at 6 months and from 12 months are discouraged from using a bottle.
- Only water and milk are served with morning snacks. Sugary drinks are not served.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents/carers are discouraged from sending in confectionary as a snack or treat, including in lunch boxes.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.
- Oral health will be included in learning opportunities and activities where it is appropriate, tooth brushing is promoted through the curriculum and where available a local dentist visits.
- Provision of sweets and cakes at birthdays is **not permitted**.

Teeth cleaning

Children do not need to clean their teeth at Little Fishes during the day. The setting liaises with parents and seeks advice from local oral health teams when necessary.

Dummies

If children are still using dummies when attending Little Fishes parents are advised to stop using dummies as soon as possible. If a child brings a dummy into the setting it will be placed in the child's bag until the end of the day. Dummies will not be given to comfort children during the day.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#). For cases of diarrhoea or vomiting the UKHSA checklist will be followed.
- The UKHSA has also published public health guidance on [living safely with respiratory infections, including COVID-19](#).

Informing others

Early years providers have 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 their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting 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 setting may be contacted by the UKHSA, or may wish to contact them for further advice.

05.06 Hot weather

During the summer there are increased risks associated with the warmer weather, including health risks due to heat, dehydration, risk of insect bites etc. A summer risk assessment is completed to identify and manages these risks.

Staff will be vigilant to the effects of temperature and sun on young children and adapt working practises, including:

Wearing hats and sunscreen/staying in shade

Encourage frequent drinking

Strict supervision of water play

Ensuring children wear suitable clothes and footwear, especially outside and on trips.

The room temperature will be monitored and the manager will seek advise if required.

Children with SEND /additional medical needs will be closely monitored.

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
- [Early Years Foundation Stage 2025](#)

Further guidance

- Accident Record (Early Years Alliance 2019)
- Medication Administration Record (Early Years Alliance 2019)
- Good Practice in Early Years Infection Control (Pre-school Learning Alliance 2009)
- Medication Administration Record (Early Years Alliance 2019)
- Guidance on infection control in schools and other childcare settings (Public Health Agency) [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](#)
- [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%20on%20infection%20control%20in%20schools%20poster.pdf)
- Infant & Toddler Forum: Ten Steps for Healthy Toddlers www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

- Top Tips for ditching the dummy
<https://healthforunder5s.co.uk/sections/toddler/top-tips-for-ditching-the-dummy/>
- [Good Practice in Early Years Infection Control](#) (Alliance 2009)
- [High temperature \(fever\) in children - NHS \(www.nhs.uk\)](#)
- [Allergy action plan](#)
- Choosing a first aid training provider <https://www.hse.gov.uk/pubns/geis3.htm>

This policy was adopted on: 27/04/22
 Review date (12 months): 13/03/26
 Name of Manager: Amber Delves
 Signature:

A. Delves

Appendix 1 – Contents and location of first aid box

- All members of staff know the location of First Aid boxes in a labelled cupboard in the kitchen, the contents of which are in line with St John’s Ambulance recommendations (see Appendix 04.1) 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
 - adhesive tape
 - a plastic face shield (optional)
- No other item is stored in a First Aid box.

Appendix 2: When to call 999

What to do if a child seems very unwell

Young Children will still get illnesses that can make them very unwell quickly. It is important to get seek medical help and to contact the child’s parents immediately.

Call 999 if a child:

- has a stiff neck
- has a rash that does not fade when you press a glass against it

- is bothered by light
- has a seizure or fit for the first time
- has unusually cold hands
- has pale, blotchy, blue or grey skin
- has a weak, high-pitched cry that is not like their usual cry
- is extremely agitated (does not stop crying) or is confused
- finds it hard to breathe
- has a soft spot on their head that curves outwards
- is not responding like they normally do

Appendix 3

Additional first aid items taken to forest:

- Eye wash
- Foil blankets
- Portable ice packs
- Fresh water