


Document Reference and Title	DTB-P-06.1 Administering Medicines Policy			
Document Type	Policy			
Revision History	F	October 2022	Karen Burrows & Sophie Chalmers	

### 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.

### Policy statement

Whilst it is not our policy to care for sick children, we will agree to administer medication when a child is recovering from an illness as part of maintaining their health and well – being, or when in need of long term medication due to a medical condition.

As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given whilst they are attending Dottie Tots. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of the times that a child attends Dottie Tots.

If a child has been prescribed antibiotics, they are unwell. We request that the parent/carer keeps their child away from our setting for the first 24 – 48 hours after the first dose. It is our policy not to take children for the first **48 hours if they have not had the prescribed medication previously**, or if we feel that the child is not well enough to return.

We will only accept prescribed medicines that are **in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage**. The exception to this is insulin, which must still be in date, but will usually be in an insulin pen or a pump, rather than in its original container.

Generally the child's key person is responsible for the correct administration of medication to that child. This

includes ensuring that parent consent has been given, that medicines are stored correctly – either on the top shelf in the fridge (if requiring refrigeration), or in the medication box which is stored out of children's reach alongside a copy of this policy.

We will not accept medication from a parent/carers without a completed medication form.

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## **Procedures**

### **Administering liquid paracetamol (Calpol or equivalent)**

Children's paracetamol (un-prescribed) will be administered in cases of high temperature by a member of staff and witnessed by another (one of which will be the manager or deputy manager), whilst awaiting collection of the child, if it is felt that the child is not well enough to remain at Dottie Tots.

The child's temperature will be recorded and witnessed by another member of staff along with the dosage and time of the administration of medication. Parents/carers are required to sign for permission to administer Calpol or equivalent when they register their child at Dottie Tots.

Parents/carers who wish their child to have liquid paracetamol administered for other reasons, such as teething, will be required to state this. It is not our policy to administer liquid paracetamol to children who are not showing signs of being in pain or running a temperature.

### **Administering Medication**

- Children taking prescribed medication must be well enough to attend Dottie Tots.
- Only prescribed medication, including asthma inhalers are administered. Medication must be prescribed by a GP, dentist, nurse or pharmacist and prescribed for the current condition.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication. Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. All medicines are either stored on the top shelf of the fridge (for those requiring refrigeration) or kept in the medication box which is safely stored out of children's reach.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and accessible to staff.
- We must be provided with clear written instructions on how to administer such medication.
- We must have the parent/carers prior written consent before administering any medication to a child.

The consent must be kept on file. We have medication file which must be completed and signed by the parent/carer.

- For the administration of liquid paracetamol in cases of emergency only, consent from parents/carer is sought prior to their child starting with us and a signed permission is completed, giving permission. This does not negate a permission being signed prior to a request from parents to administer liquid paracetamol for a valid reason such as teething.
- The staff receiving the medication must ask the parent/carer to sign a medication consent form stating the following information:
  - Full name of child and date of birth
  - Date and time of last dose
  - Name of medication
  - Who prescribed it
  - Dosage to be given whilst the child is attending Dottie Tots
  - How the medication should be stored
  - Any possible side effects that may be expected should be noted
  - Signature, printed name of the parent/carer and date

No medication will be given will be administered without a completed medication form.

The administration of medicine is recorded accurately each time it is given and kept on file. The dose is measured into the dispensing tube and checked by a second member of staff before being administered to the child. The parents/carer will be asked to sign the record of administered medication when they collect their child. The medication record form will include the following information:

- Name of child
- Name of medication
- The date and time of dose
- Dose given and method
- It will be signed by the person who has administered the medicine and by the witness

All medication given to a child will be checked prior to administering. The dose and name on the container will be verified by a 2<sup>nd</sup> member of staff before being administered to a child.

If the administration of prescribed medication required medical knowledge, individual training is provided for members of staff by a health professional, for example blood sugar testing and insulin administration for diabetic

children.

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. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal.

### **Storage of medicines**

All medication, not requiring refrigeration, will be stored in a medication box stored safely and out of reach of children.

Staff are made aware of this at their induction training and all staff are required to keep themselves updated with our policies and procedures. In addition to this, each time we review or update our policies and procedure, the staff are asked to read and then sign the policy documents. A copy of our policies and procedures can be found on our website.

Where medication requires refrigeration and the refrigerator is not solely used for storing medication, they must be kept in a marked plastic box on the top shelf.

The child's key person or person responsible for end of session/day handover is responsible for ensuring medicine is handed back to the parent/carer at the end of the day.

For some conditions, medication may be kept at the setting (if it does not require refrigeration). It is the responsibility of the key person to check any medication held to administer on an 'as and when' required basis, or on a regular basis, is in date and returns 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 Nursery Manager, along with the child's 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 will be shown around the setting, made aware of the routines and activities and asked to point

out anything which they think may be a risk factor for their child.

For some medical conditions staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment. The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

The risk assessment will include arrangements for taking medication on outings.

A health care plan for the child is drawn up between the Nursery Manager and the parent/carer (with the child's key person present) outlining the key person's role and what information must be shared with other staff that are caring for the child.

The health care plan should include measures to be taken in an emergency. The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication. For example: changes to the dosage or any side effects noted.

Parents/carers receive a copy of the health care plan and each contributor 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 name of medication. Inside the box will be a copy of the signed consent form.

### **Managing medicines on trips or outings**

If children who require long term medication are going off premises, staff accompanying the child must include a person who is trained to administer their medication (usually the child's key person) with a risk assessment. Where it is not practically possible for the child's key person to accompany the child, another member of staff who is fully informed (and trained where necessary) about the child's needs and medication will accompany the child. The risk assessment should be checked to ensure that it covers any risks associated with the outing.

Medication for a child is taken in a sealed plastic box labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form. The child's accident and medical file will accompany the child on the outing to record the time that the medication was administered, including who administered and who witnessed it. Parents/carers will be required to sign this form when they collect their child.

### **Lifesaving medicines and invasive treatments**

- 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:
- In the case of rectal administration, a letter from the child's GP/Consultant stating the child's condition and what medication is to be administered.
- Written consent from the parent/carer allowing staff to administer the medication; and training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

### **Key person for children with special needs - children requiring help with tubes to help them with everyday living. For example: breathing apparatus, to take nourishment or colostomy bags etc.**

- Prior written consent from the child's parent/carer to give treatment and/or medication prescribed by the child's doctor is required.
- The child's key person, deputy and/or manager to undertake the relevant medical training/experience, which may also include receiving appropriate instructions from parents/carers.

### **Food allergy ingestion**

- Should a child with a known food allergy be accidentally exposed to the food, either by ingestion or spillage, staff will immediately inform the Manager or the named Deputy in her absence.
- Where it is known the child is given Piriton, this should be administered immediately as a precautionary measure. Parents/carers will immediately be informed. Details will be recorded in the child's medical and accident file.
- Where the child has a known food allergy such as egg and may have an anaphylactic shock, procedures should be followed as per their care plan which may include the administration of an Epipen.
- All staff are aware that failure to comply with these measures will result in disciplinary measures being taken.
- The above is in relation to a severe known food/substance ALLERGY and not intolerance.
- Intolerance to a known food which is given in error must also be brought to the attention of the Manager or Deputy in her absence and recorded.
- Staff are reminded that they have a 'Duty of Care' to each and every child at Dottie Tots. Failure to comply with the high standards of care that we always set out to deliver, may lead to dismissal.

**Signatures**

**DTB-P-06.1**


**Administering Medicines Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	<div>DTB-P-06.2</div> <div>Managing Children who are Sick, Infectious or with Allergies Policy</div>			
Document Type	Policy			
Revision History	F	October 2022	Karen Burrows & Sophie Chalmers	

### 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.

### 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.

Staff at Dottie Tots have undertaken a paediatric first aid, which has equipped them with the skills to administer first aid in a timely and competent manner.

### 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 – our manager 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 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, an ambulance is called 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, 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.
- 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](http://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.
- When we become aware, or are formally informed of the notifiable disease, [our manager informs Ofsted and contacts Public Health England, and act[s] 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.
- 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.
- Ensure that children do not share tooth brushes, which are also soaked weekly in sterilising solution.

### **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 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 copy is displayed where [our staff/I] 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/my] 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 will contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk)

**Signatures**

**DTB-P-06.02**


**Managing Children who are sick, Infectious or with Allergies Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	<div>DTB-P-06.3</div> <div>Recording and Reporting of Accidents and Incidents Policy</div>			
Document Type	Policy			
Revision History	A	October 2022	Karen Burrows & Sophie Chalmers	

### Safeguarding and Welfare Requirement: Health

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

### 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 a digital record and is kept on our Nursery in a Box system;
- is accessible to our staff, who all know how to complete it; and
- is reviewed at least once a term by the management team 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
- 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/my safety 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.
- Any dangerous occurrence is recorded in our incident book.

### **Recording Incidents**

- We have ready access to telephone numbers for emergency services, including the local police. Where we rent premises 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, and 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, 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 log for recording major incidents and this can be found on our Nursery in a Box system. If additional information or more detail is required, then this information will be added accordingly.
- 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
  - 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 our premises, through cot death in the case of a baby for example, the emergency services are called and the advice of these services are followed.
- The incident log is not for recording issues of concern involving a child. This is recorded in the child's own file.

### **Common Inspection Framework**

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

### **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](http://www.hse.gov.uk/riddor)



**Signatures**

**DTB-P-06.03**


**Recording and Reporting of Accidents and Incidents Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	<div>DTB-P-06.4</div> <div>Nappy Changing</div> <div>(Including Intimate Care) Policy</div>			
Document Type	Policy			
Revision History	F	October 2022	Karen Burrows & Sophie Chalmers	

### **Safeguarding and Welfare Requirement: Safety and suitability of premises, environment and equipment**

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

### **Policy Statement**

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

Children who are in nappies, or have ‘accidents’ of a personal nature, will require intimate care which is defined as ‘care of an intimate nature associated with bodily functions, bodily products and personal hygiene which demands direct or indirect contact with, or exposure of the genitals’.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained or those children within our setting who from time to time have accidents. All staff are sensitive to the needs of the individual child and great care will be taken to avoid any child feeling embarrassed.

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.

Parents are asked to provide nappies, wet wipes and any creams (labelled with their name) that their child will need.

## **Procedures**

All children in our care are changed as required throughout the day. We do not operate an allocated time system whereby all children are changed at set times. Children are treated as individuals and their needs are catered for accordingly to ensure they remain comfortable throughout the day. As a guide, children should be changed or checked every two hours unless needed beforehand.

Nappy changing is normally undertaken by the child's key person if available, but always by a familiar adult. All children are changed discreetly within view of another adult.

Changing areas are warm and there are safe areas to lay young children whilst they have their bottoms cleaned and their nappies changed.

All children have their own bag to hand with their nappies, wipes, creams and spare clothes.

Gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.

All staff are familiar with the hygiene procedures and carry these out when changing nappies or clothes. In addition, practitioners ensure that nappy changing is relaxed and a time to bond and develop language skills.

Young children are encouraged to take an interest in using the toilet or potty; they may just wish to sit on it and talk to a friend who is also using the toilet or potty.

They should be encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.

Anti-bacterial hand wash liquid or soap should not be used for young children. Hand wash specifically prepared for young children will be used.

Staff are gentle when changing; they avoid making inappropriate comments about the children's genitals, pulling faces or making inappropriate comments about 'nappy contents'.

Older children access the toilet when they have the need to and are encouraged to be independent.

Staff will assist older children as required.

Children who are generally out of nappies and who have had an accident are changed discreetly with care being taken not to let the child feel embarrassed. Staff will ensure the child is changed and made comfortable. The clothes will be bagged and placed discreetly in the child's bag to go home.

Children are cleaned carefully and sensitively using baby wipes generally. On rare occasions it may be necessary for a child to be bathed, on these children will be showered using the showers available. The child's key person (or other familiar adult if not available) and another member of staff will attend to this. There will always be two members of staff attending.

Nappies and 'pull ups' are disposed of hygienically. The nappy or pull up is bagged and put in the nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home. The changing mat is disinfected after use, gloves and aprons are disposed of in the nappy bin. Staff will wash their hands with antibacterial soap after changing children.

If young children are left in wet or soiled nappies/'pull ups' this may constitute neglect and will be a disciplinary matter and action will be taken by the manager. We have a 'duty of care' towards children's personal needs.

#### **Procedures to follow when changing nappies using a folding nappy changing unit in the toilet area**

The following procedures should be followed when changing a child's nappy using the nappy changing unit in the toilet area.

- Collect together all necessary items required e.g nappy, wipes, bag for nappy, cream, clothes, bag for wet clothes etc. BEFORE attempting to change the child.
- Put on apron & gloves
- Place changing mat on the bathroom floor
- Cover with sheet of disposable paper towel
- Ensure child is comfortable, remove necessary clothing & if dry put to one side whilst changing nappy. If wet place in a bag ready to put in child's bag once you have changed the child
- Change child's nappy, placing in bag, use wet wipes as required placing them in the bag
- with the nappy, apply cream if used & put on clean nappy.
- Replace clothes

- Remove paper towel from changing mat & place in bag with nappy
- Spray clean changing table & mat if used
- Put changing mat away
- Clear area of used nappy by placing in the nappy bin. Clothes bag, cream & wipes etc to be returned to child's bag
- Place gloves & apron in bin
- Return any belongings to the child's bag on their peg

**Signatures**

**DTB-P-06.04**


**Nappy Changing (Including Intimate Care) Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	DTB-P-06.5 Food and Drink Policy			
Document Type	Policy			
Revision History	F	October 2022	Karen Burrows & Sophie Chalmers	

### Safeguarding and Welfare Requirement: Health

3.48 Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible to children at all times. Providers must record and act on information from parents and carers about a child's dietary needs.

3.49 There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.

### Policy Statement

At Dottie Tots, we regard snack and meal times as an important part of the day. Eating represents a social time for children and adults and help children learn about healthy eating, as well as learning social skills. At snack and meal times, we aim to provide nutritious, healthy food. We source ingredients from our local supermarket, Bluebell Bakery and local fruit and vegetable suppliers. We offer children a well balanced diet, including those with special dietary needs.

### Procedures

We follow the following procedures to promote healthy eating at Dottie Tots Nursery School:

- Staff undertake food hygiene training
- Upon registration, we find out from parents their children's dietary needs and preferences, including any allergies and these are recorded on our nursery management system
- We regularly consult with parents to ensure that our records are correct. We ask parents to keep us informed and updated as to their children's dietary needs, including any allergies their child may have.
- Current information about individual children's dietary needs are clearly displayed on the registers with a red medical case displaying a white cross. More in depth information can be found in their profile on the system.
- Staff are fully informed by management and aware of allergies, intolerances and dietary requirements.
- We plan menus 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 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 provide nutritious food for all meals and snacks, which is prepared fresh each day
- We send menus to parents which include the 14 allergens – if items contain them
- We include a variety of foods from the four main food groups:
  - protein alternatives to meat;
  - dairy foods;
  - grains, cereals and starch vegetables; and
  - fruit and vegetables
- 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 and carry out a separate risk assessment and implement additional control measures where necessary
- We use meal and 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



- For each child, we provide parents with daily verbal feedback about feeding routines, intake and preferences. We also share details regarding how much children have eaten via Nursery in a Box food diaries.
- We organise meal and snack times so that they are social occasions in which children and staff participate. Whenever possible, adults sit with the children to eat their lunch.
- If we are aware of food poisoning affecting two or more children cared for by us, we must notify Ofsted as soon as reasonably practicable, but in any event within 14 days.

**Signatures**

**DTB-P-06.05**


**Food and Drink Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	DTB-P-06.6 Food Hygiene Policy			
Document Type	Policy			
Revision History	A	October 2022	Karen Burrows & Sophie Chalmers	

### Safeguarding and Welfare Requirement: Health

3.48 Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible to children at all times. Providers must record and act on information from parents and carers about a child's dietary needs.

3.49 There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.

### Policy statement

We provide serve food for children on the following basis:

- Healthy fruit snacks
- Meals

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.

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### **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.
- Our staff follow the guidelines of Safer Food, Better Business.
- 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 opening and closing 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.
- 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 and do these activities in a separate area;
- 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 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.

**Signatures**

**DTB-P-06.06**


**Food Hygiene Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.

Document Reference and Title	DTB-P-06.7 Sleeping and Resting Policy			
Document Type	Policy			
Revision History	F	October 2022	Karen Burrows & Sophie Chalmers	

### Policy Statement

At Dottie Tots, the health and safety of all children attending is our priority. We have made our premises a safe and healthy place for children, parents, staff and visitors by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment. Healthy living is an integral part of our practice and for children to thrive they need to play, eat well and sleep or rest appropriate to their needs.

Whilst it is not a requirement of the Early Years Foundation Stage to have a written sleep policy, it does refer to the emotional environment. This includes providing a cosy place where children can feel safe and secure, as well as making appropriate provision for rest and sleep.

All of the children attending Dottie Tots will be given the opportunity to sleep or rest after their lunch each day. In addition to this, a cosy area will be available for children to use at any point in the day when they are feeling tired or the need to rest.

### Procedures

Our children will be provided with a sleeping mat, cot or buggy depending on their age and stage of development.

Upon enrolling at Dottie Tots, all children will be provided with a blanket. This blanket is their sleep/rest blanket. Parents are expected to pack this in their child's bag each day and to be responsible for laundering the blanket.

The following procedures are to be followed by all staff:

- Children are not placed next to warm radiators or heaters.

- The temperature of the room is kept between 16 – 20 degrees Celsius.
- Pillows are not used.
- All children are provided with a lightweight sleep blanket as part of their kit upon enrolment.
- A sheet is used to cover the sleeping mat and is changed and laundered after each use.
- The condition of sleep mats are checked regularly.
- Parents are informed of the children's sleep times each day. This information can be found in their online daily diary.
- Calming music/white noise and/or a calming ceiling projection is played in the Fluffy Room.
- The lights are switched off in the Fluffy Room to encourage peace and rest.
- Calming music is played in The Main Hall for children who are having quiet time.
- Quiet time is an important part of our daily routine and will be implemented appropriately.
- Staff will always closely monitor and check sleeping/resting children.



**Signatures**

**DTB-P-06.07**

**Sleeping and Resting Policy**

Signed by - All staff at Dottie Tots (Please use additional space on the back of this paper if necessary)

*By signing this means I have fully understood what is expected of me and I will carry out my duties in compliance to the details within this policy*

Name	Position	Signature	Date

Policy to be reviewed as necessary or annually at a minimum.