



# Being Healthy Policy

Last revised: November 2018  
Policy Owner: Head of Early Years

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## Aims

The following policy is agreed with and undertaken by all members of staff representing Little Lyndhurst.

At Little Lyndhurst we are committed to maintaining high standards of hygiene. The continued good health and well-being of the children is of primary importance to us. We will follow our health policy exactly at all times.

## Methods

These procedures have been put in place to help to support the prevention of infection among staff and children.

## Hygiene

The latest Environmental Health Department and Health Authority requirements and recommendations relating to the premises, staff and children are regularly updated and implemented



Ofsted and Environmental Health will be immediately notified of any communicable diseases as defined by the Health Protection Agency.

Written records of any notification to Ofsted regarding serious injury or death on the premises together with any notifiable illness will be recorded.

New members of staff will receive copies of the Health Policy or Manual and this is discussed with them during their induction meeting.

Staff should make every effort to help the children to understand that cleanliness will help to keep them healthy.

### **Personal Hygiene**

Children are encouraged and supported in learning about their own hygiene.

Children are encouraged to shield their mouths when coughing and sneezing and to dispose of soiled tissues immediately.

Supplies of clean tissues are always available. We encourage children to learn how to blow and wipe their own noses when necessary and to dispose of soiled tissues hygienically using the bins provided within the rooms and the gardens.

Baby wipes/face cloths (disposable) are available.

For Staff use, antibacterial gel is always available for use after wiping/helping children.

Children are encouraged/supported in using the toilet correctly and in washing their hands afterwards. They are encouraged to use the paper towels provided and to dispose of them correctly.

Staff are aware when children visit the toilet and will check on their progress and offer help if needed. Staff should be watchful and observant in this situation and ensure hands are washed when the children have used the toilet.

Should a child need support in personal hygiene, an apron and disposable gloves must be worn.

Staff set examples by also washing their hands if involved in assisting a child visiting the toilet.

Children are given the opportunity to visit the toilet as and when they need. Children are offered the opportunity to go to the toilet before going outside to play to reduce movement in and out of the building ensuring supervision of the outside play area is maintained at all times.

Toilets are regularly checked, cleaned and flushed to support hygiene.

A bodily fluids kit has been prepared for use when an accident (toilet or vomit) occurs within the rooms or garden. Staff are required to wear disposable gloves and apron whilst clearing. Antibacterial sprays/liquids are used to clean the soiled/infected area. Any paper towels used are disposed of in appropriate waste bags and the aprons and gloves disposed of in the correct waste receptacle.



Spare, clean clothes are to be provided by parents, but the setting holds a supply also. A child is changed after a soiling accident and their soiled clothes washed out when necessary. The clothes are then placed in nappy sacks and returned to the parents to launder. We request that all borrowed clothes are laundered and returned when possible.

We also teach the children about hygiene awareness through planned and spontaneous discussion, routines, planned activities and topics. Parents who are involved in medical roles are asked to visit to speak to the children.

The children require a pair of plimsolls and a pair of wellingtons. These they store in their own trays beneath their coat pegs in the cloakroom area. The children wear their soft shoes indoors and are encouraged to take off and put on their own plimsolls/shoes. To this end we recommend that the plimsolls are of the Velcro variety to ease their fitting. Similarly the children wear their wellies when going out into the garden area and are encouraged to practise putting them on themselves. This practice encourages independence and ensures that the floor areas indoors remain clean for the children to play on.

### **Intimate care and toileting**

All staff, students and volunteers are made aware of our Intimate Care policies. Students and volunteers understand that they are not permitted to undertake any aspect of intimate care for the children.

A Care Plan is discussed with the child's parent/carer on entering the setting especially when that child is still toilet training. A system of support for toilet training is put in place and discussed by the child's parent/carer and Key Person.

Any particular aspect of Intimate/personal care peculiar to the needs of the child is discussed and formulated at this point. This includes special needs related to either ethnic and/or disabilities.

Staff understand that they may attend to intimate care needs individually but need to inform other members of staff when they are doing so in order that ratios and safeguarding issues are recognised.

Any intimate care procedure is logged and recorded in the child's Care Plan schedule and reported to the parent on collection.

Any toileting "accident" is reported back to the parent on collection and the soiled items of clothing returned to them for laundering.

Children attending ballet classes are assisted in changing by the staff. This usually occurs within the KG room setting or in the Reception room. There is a blind over the double doors in the Reception classroom to prevent anyone outside of the room being able to see the children changing.

Children are reminded to visit the toilet when necessary and are routinely accompanied when toilet training by their Key Person. They are reminded to use toilet tissue and to wash their hands and are assisted according to individual needs.

Staff are aware of the need to report any unusual markings, discolorations or swelling including the genital area as soon as noticed. Follow safeguarding policy and procedures.



Staff also are aware of the need to report any unusual emotional or behavioural response by the child during intimate care procedures. A written record of concerns must be retained in the child's records.

If there are any concerns/issues regarding a child's intimate care then 2 members of staff may be deployed in order to monitor and provide care.

### **Eating times and food handling**

All staff wash their hands before handling/preparing food and also use an anti-bacterial spray to ensure cleanliness.

Staff are not to be involved with the preparation of food if unwell or infectious.

All staff are trained to comply with the local Environmental Health Department guidance and regulations.

All food preparation areas and tables are cleaned with antibacterial spray and j-cloths before use.

We encourage children to eat a healthy and well-balanced diet.

All children are asked/encouraged to wash their hands before meals and their hands and faces cleaned with wipes after meals, using one cloth per child.

All food waste is disposed of properly on a daily basis and out of reach of children.

All plastic plates, cups, bowls and age related cutlery will be used by the children and washed thoroughly after each use.

### **Cleaning of the setting**

The premises and toilets are cleaned at the end of the day by professional cleaners. Door handles and toilet flushes are disinfected.

A daily opening check is carried out each morning, ensuring that the premises are clean, tidy and safe and set up ready for the children's arrival.

All outside play areas are checked and made safe for the children's arrival and activities set up for the day. Sand pit and digging boxes are checked and made free from foreign bodies. These are covered when not in use to ensure they remain unsoiled.

A cleaning rota for cleaning all toys, equipment and soft furnishings is in place to support health and hygiene. Should there be illness/infection concerns the toys, equipment and soft furnishings are sterilised to prevent spread of infection.

All dressing up clothes are washed as necessary and at the end of each term.

Daily cleaning is undertaken using antibacterial sprays. Milton, and washing up liquid. These are handled correctly by staff members and never around the children.

Mops and dustpans are available in all rooms for cleaning.



Paper towels, wipes, non-biological washing powder, blue hygiene roll, non-perfumed tissues and basic toilet tissue are used to support health and hygiene. These are disposed of in the appropriate waste bin and are contained in waste bags where necessary (bodily fluids, intimate care waste) Offensive waste is placed in the sanitiser bin for disposal.

### **First Aid**

All staff are First Aid trained and current certificates held. These are regularly reviewed and staff attend refresher courses when necessary.

The First Aid box is clearly labelled and kept within its designated area in the setting. This is regularly checked and restocked.

All medical supplies are used from sealed packets and expiry dates checked regularly at half-termly intervals. Items stored correspond to the lists supplied by Early Years.

All accidents/incidents are cared for using disposable gloves. All soiled materials disposed of as detailed above.

Accident /Incident Report books for children, staff and visitors are completed. These record details of circumstances leading up to accident/injury. These are completed by the member of staff who responded to the injury/accident. Any necessary first aid is administered and recorded. A body map details the location of any injury sustained on the child's body.

They are countersigned by the member of staff in charge of the setting, reported to and signed by the parent/carer on collection of the child on the same day as the injury occurred.

A Prior Injuries book contains details of any injury sustained before the child enters the setting on that day. Parents are requested to complete details of the injury and to supply their signature to said details.

All bumps to the head (when a child does not go to hospital) will be monitored closely in the setting and the parents informed by telephone. Staff will continue to monitor for any signs of concussion such as vomiting, headaches, dizziness or loss of consciousness until the child is collected by their parent/carer. A head injury notice must also be completed and handed to the parents together with the accident form to be signed and dated. The child will wear a sticker advising of a bump to the head so all staff are aware and can continue to monitor for signs of concussion.

If any signs of a concussion are noticed the child must go immediately to hospital. The parents are notified and supplied with details.

If an injury/accident is of concern to the staff, but does not warrant an ambulance being called, parents will be contacted immediately, advised of the situation and asked to collect their child and arrange an appointment for the injury to be medically checked.

Should an injury/accident require an ambulance to be called, a member of staff will always accompany the child to the hospital and a second member of staff will travel to the hospital separately. Parents will be called and asked to meet the ambulance at the hospital named. These incidents are classed as RIDDOR reportable. (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)



Serious injuries or major incidents where a child or member of staff goes directly from the setting to hospital require an accident form to be completed immediately and Ofsted must be notified.

Within our Registration pack parents are asked to sign and complete the Emergency Treatment form which is passed to the ambulance crew upon arrival at nursery together with the accident form details.

In no circumstances should a member of staff use their own car to transport the child to hospital. The staff member accompanying a child should take the school mobile phone with them and details of the child's address, parents' contact numbers, allergies, medical history.

The Incident Book records any incident occurring between two or more children resulting in bullying, fighting, injury, extreme reaction to a common situation which may be noteworthy ( hysterical response to a situation for example) or needs clarification or investigation.

This is again countersigned and witnessed by the member of staff in charge and shared with the parent/carer on collection then signed by them. A copy is retained in the child's records to monitor any recurring incidents and to support any behaviour monitoring which may be an issue.

### **Support paperwork**

The above policy is supported by the Early Years guidelines for:

- Guidance for Intimate Care and Toileting
- Disposal of nappies, aprons and gloves procedures.
- Accident and Injuries procedures
- Illness and Injury policy.

### **Reporting to OFSTED**

Ofsted must be informed of the following;

- A child dies on the premises or as a result of something which happened while in our care regardless of where they are when the death occurs.
- An adult dies or has a serious accident or injury while on the premises.
- A child is taken to hospital (A&E) either directly from the premises or later as the result of something that happened while in our care.
- There is any significant event which is likely to affect suitability to care for children.

Surrey County council's Local Authority child protection officer (LADO) must also be informed of any serious accident, injury to, or death of a child while in our care.

Contact number 0300 123 1650

The Children's Services referral hub must also be informed of any incidents resulting in the death of a child.



North West region      0300 123 1630

### **Reporting to RIDDOR**

RIDDOR must be informed of:

- Deaths.
- Major injuries that happen to anyone on the premises or while caring for children off the premises.
- Injuries that last more than 3 days- where an employee is away from work or unable to perform their normal work duties for more than 3 consecutive days.
- Injuries to members of the public or people not at work where they are taken from the scene of an accident to the hospital.
- Some work related diseases ( see website)
- Dangerous occurrences where something happens that does not result in an injury but could have done.

CONTACT NUMBER: Health and Safety Executive Incident Contact Centre

0845 300 9923

### **A Medical Condition or a Transmissible Disease Policy**

These policies for dealing with and administering medication to a child are to be followed at all times.

Any medical condition noted on the registration paperwork needs to be noted immediately so the necessary Risk Assessment and Care Plan can be put in place. Members of staff are made aware of the reported condition.

Children who attend with a noted medical condition have to attend their sessions with their medication. Inhalers and Epi-pens are stored in a red medication bag and remain stored above children's reach in the room and also accompany the child when he/she moves between areas.

If the medical condition has a non-prescribed medication (e.g. eczema, aqueous cream as treatment) this can be applied by a member of staff and logged on the Medicine Consent Form accordingly. This will show when the treatment was applied/given, by which staff member, with a witness signature and countersigned by the parents at collection to confirm they have been informed. To apply creams, gloves will be worn by the member of staff to protect both the child and member of staff accordingly.

Creams that are acceptable for the setting to use are:

- Aqueous cream
- Oilatum
- Diprobase
- Doublebase
- Epaderm



- Cetraben
- Vaseline
- liquid paraffin
- E45

These need to be supplied by the parent and expiry dates checked. Parents to be informed when used and administered.

Protective gloves are always to be worn when dealing with any incident/injury involving bodily fluids. These should be disposed of in sealed waste bags in the offensive waste receptacle (sanitiser). Consideration always given to the possibility of communicable disease such as HIV.

### **Sick Child**

We make every effort to keep abreast of new information relating to infectious, notifiable and communicable diseases and local health issues.

We isolate a sick child if we feel that the other children or staff are at risk. The child is monitored by a member of staff at all times. The child's parents are contacted and informed of the child's condition. They are asked to collect the child at their earliest convenience. A note is made at regular intervals of the child's temperature ( every 10-20 minutes) and any notable signs of infection such as rash, sickness, diarrhoea, fever ( over 101°F/38°C) Should the child's condition deteriorate a decision is made by the senior staff member whether a hospital visit is deemed necessary prior to collection by the parent. The parent is contacted and informed of the decision.

The Head of Early Years is responsible for making the final decision and for calling the ambulance and contacting the parents. (see Major accident/illness policy below)

We ring emergency contact numbers recorded for the child if the parent cannot be reached.

We make every effort to care for the child in a sympathetic, caring and sensitive manner.

We respect the parents' right to confidentiality.

A member of staff remains with the child in a quiet area of the setting until their parents arrive to pick them up.

Parents are required to keep their child at home for 48 hours following the incidence of vomiting or diarrhoea. This also applies to any staff illness of a similar nature.

In the case of infectious illnesses the guidelines recommended by the local Health Authority are adhered to.

We inform the other parents about infectious diseases, head lice and recurring illness via dialogue, Parent Mail alerts and email/text message. If an outbreak occurs we also include in the newsletter and post a notice on the school's parent noticeboards.



We expect parents to inform our setting if their child is suffering from any illness or infectious disease which may put others at risk.

Notifiable diseases are reported to Ofsted as detailed below.

### **Major accident or illness**

Staff should wear protective clothing (disposable aprons and gloves) at all times.

The Head of Early Years (in discussion with Deputy) will decide whether a hospital visit is deemed necessary and will call the ambulance and the child's parents to inform them of the decision.

The Head of Early Years (or the Deputy in event of Head's absence) will accompany child in the ambulance ensuring permission forms, care plans, known allergies and medication forms are taken with them.

Details of the accident are recorded on an Incident form and the Headmaster is alerted. The Head of Early Years (or Deputy) will complete the details required and retain for records.

### **Administration of Medicines**

#### **Non-prescribed Medication**

"Medication" means any medicinal preparations specifically prescribed for the treatment of a non-infectious/contagious condition and non-prescribed medication for temperature control. These can only be taken with prior agreement from the Head of Early Years or the Deputy Head (the Reception teacher) and administered only by them. Again a Medicine Consent Form will be completed and signed by the parent at drop off, giving permission for the medication to be administered. Once given, this will again be witnessed by a member of staff and parents asked to re-sign at collection to confirm they have been informed.

Such medicines must be checked for the correct expiry date and display the child's name clearly on the packaging.

#### **Calpol or Ibuprofen**

These are classed as Non-prescribed Medication.

Children under 16 should never be given medicines containing aspirin unless prescribed by a doctor.

A Medicine Consent Form must be signed at the time of registration by the parent/carer giving us permission to administer one dose as stated by the guide lines shown on the box for the relevant aged child.

If a Medicine Consent Form has not been signed, we are unable to administer the above said medication and you would be asked to come and collect your child immediately.

Should your child develop a temperature whilst at the setting, this will be taken by a digital thermometer and recorded. The child will have layers of clothing removed to help reduce the temperature naturally, allowing the body to cool and plenty of water to drink to encourage sweating to reduce heat loss. After ten minutes, the temperature will be retaken, if it has



stayed at 38° or above, a parent/carer will be called, informed of the situation and advised that we are about to give medication. Should the temperature stay above 38° after 20 minutes, the parents will be called again and asked to collect their child.

Should the temperature start to rise after a four hour period and the child still be at the setting, parents/carers will again be called and asked to collect their child.

We are only allowed to administer one dose of Calpol or Ibuprofen.

Parents/carers should advise staff at drop off, if any Calpol or Ibuprofen has been given at home and this should then be recorded on a Medicine Consent Form so that staff do not inadvertently give a second dose of Calpol or Ibuprofen too close to the first one. The Medicine Consent Form should clearly state the date, time, type of pain relief, amount and reason why the dose was given before school, signed by the parent.

When a dose of Calpol or Ibuprofen is administered at the setting, following a safe period of time, this will be noted on the same Medicine Form.

If parents are not contactable, a single dose of Calpol or Ibuprofen will be administered by either the Head or Deputy Head of Early Years, as long as there is prior written authorisation signed by a parent on the Medicine Consent Form and staff can be sure that the child has not received a dose of pain relief medicine in the stated time frame.

A member of staff will stay with the child at all times, until either the parents arrive or the child feels well and wants to return to play. Clothing will be put back on when the temperature has dropped and only to a minimum to prevent the body becoming too warm.

Should the temperature stay high and parents are not contactable and the child is starting to show signs of distress or symptoms, monitoring to be recorded more frequently and emergency services called.

Temperatures should be monitored regularly – a maximum of 10 minutes apart.

### Prescribed Medication

Chloramphenicol eye drops, which can be purchased over the counter, can be administered if brought by the parents. Parents again need to fill in the Medicine Consent Form giving permission for these to be given. The container and box must be named with the child's name and date the medication was brought to the setting.

Homeopathic remedies will only be administered with written directions from a registered homeopath and these must be treated as prescribed medication and recorded on the Medicine Consent Form.

Children are not permitted to attend unless they have had two doses of the prescribed medication and the relevant time period has passed. This is to ensure that any adverse reaction is monitored by the parent and it is also likely that the child will not be well enough to cope with a school day at this early stage of illness. This is also to support the prevention of cross infection to the other children and the staff team. This decision is entirely at the discretion of the Head of Early Years or the Deputy Head (Reception teacher)



Children are not to attend if they are suffering from a transmittable disease or one that will require special treatment during the day, e.g. injections, change of dressings, etc.

All medication will be kept in the staff room in a high cupboard or if it requires refrigeration, this will be kept in a sealed container, clearly marked in the staff room fridge. Prescription medicines will not be administered unless they have been prescribed for that child by a doctor, dentist, nurse or pharmacist.

The children's prescribed medication must be clearly labelled and in its original container. It must state:

- Child's Name
- Date of prescription
- Expiry Date
- Dosage
- Any other relevant information
- 

If the medication is not in the original container, with the original label, staff will be within their rights to refuse to administer.

The parent/carer will be asked to complete the Medicine Consent Form in full at drop off to enable staff to administer the dose. If this is not completed, we are unable to proceed with administering the medication.

At the end of the day, the parents will again be asked to sign the Medicine Consent Form, showing they have been informed that the medicine has been given.

Children under the age of 16 should never be given medicines containing aspirin unless a doctor has prescribed that particular medicine for that particular child.

### EPI / JED Pens

In the case of either EPI/JED pens or other medication needs to be used in the case of a severe allergic reaction, special arrangements will need to be made to store these within the rooms so all staff are aware of where they are kept whilst the child is attending the setting. The container used must be clearly labelled as should the EPI/JED pen and it must be out of child's reach at all times. The EPI/JED pen must be regularly checked to make sure that it is still within the use by date.

Staff must receive EPI/JED pen training prior to administering treatment. It may be necessary to obtain specialised training on other serious conditions such as diabetes, epilepsy, etc and this must be obtained as soon as possible before the child starts attending the setting.

Staff will ask the parents to read and sign a Permission form allowing them to administer the Epi-Pen when necessary. A copy will be retained within the Epi-Pen storage bag whilst the parent retains the second copy.

The Epi-Pen is stored in a red drawstring bag in the child's room and the bag accompanies the child when he/she moves to the garden, goes for lunch, attends assembly and all occasions when the child is out of the room environment for a length of time.



These red bags are used whenever emergency medicine is stored for a child in the setting e.g. asthma inhaler.

### Medication for Allergic Reaction

Should a child show signs of a possible allergic reaction and start to become unwell the following guidelines will be observed;

We will monitor the reaction and initially give cold water to drink and apply cold compresses to reduce the redness and possible swelling.

The following steps must be followed:

- The child will be monitored closely to determine whether the reaction is mild and not deteriorating, i.e. slight rash that is fading after 10 minutes. In this case staff should not give Piriton but should call the parent/carer to inform them. The child should continue to be closely monitored until the rash has gone.
- If the child displays any signs of the following symptoms, then one dose of Piriton should be administered.
- The child shows any signs of itching
- If the child shows any signs of sleepiness
- If the child shows any signs of wheezing or breathing difficulty
- If the child shows any signs of swelling especially around the mouth or lips
- If the child is deteriorating and becomes floppy or distressed

Staff will monitor the child for the symptoms listed and call 999 if there are any concerns about the child's health.

If the parents have completed and signed the Medicine Consent Form stating that they agree for their child to receive a dose of Piriton then this may be administered by the senior member of staff. Parents are to be contacted immediately, if they are un-contactable, staff are to keep trying. Especially if a 999 call has been placed.

### Administering Medicines

Two members of staff must be present to administer medication – (one of whom shall be the Head or Deputy Head) and first aid trained.

Prescription medicine will only be administered if prescribed by a doctor, dentist, nurse or pharmacist.

The medication label, the Medicine Consent Form, the child's identity and the time of the last dose must all be carefully checked prior to administering the medication.

Staff should ensure that their own hygiene is maintained at all times. Hands should be washed or cleaned with Anti -Bacterial Gel.

When administering medication, the manufacturer or pharmacy instructions must be adhered to at all times.



Once the medication is administered both members of staff are to complete the Medicine Consent Form and witness accordingly. When the parent comes to pick up, they need to sign also to confirm they have been informed and acknowledge that the correct dose has been given.

If for any reason the child rejects the dose, a second will not be given. Parents will be informed and a record made that the dose has been rejected. The child will not be forced to take the medicine.

Any medicines which remain unused are returned to the parents who will be asked to return them to the pharmacy for correct disposal. Similar procedures will take place at the end of each term or if the medicine becomes out of date.

There is a notice on display near all telephones in the setting detailing arrangements to deal with an emergency situation. Children are aware of the need to alert staff in the event of an emergency taking place.

### Self-Held Medicines

Children, normally older children, who are accustomed to using their own inhalers are supported and monitored by staff to ensure correct usage. The process involved is discussed in the first instance to ensure the child understands and realises the necessity to follow the correct procedure. The inhaler is used without the medicine inserted initially to practise the correct procedure and the medicine is then inserted when the staff member is convinced of the child's ability to self-medicate. This is undertaken with the parent's consent and after the parent has expressed the wish for the child to perform the task. This will be recorded on the Medication permission slip.

Any staff medication is stored in a separate sealed container, clearly marked and placed away from any stored children's medicines.

Staff are to ensure that the medicine in no way compromises their ability to carry out their duties and will fill in a medication slip stating that this is the case. The staff member must obtain advice that the medication is unlikely to impair their ability to carry out their duties effectively.

### No Smoking, Alcohol and Drugs Policy

IT IS A LEGAL REQUIREMENT THAT ALL EMPLOYEES WHILST AT WORK MUST TAKE CARE OF THEMSELVES AND NOT ACT IN ANY WAY WHICH MIGHT POSE A RISK TO THEIR OWN SAFETY OR THAT OF OTHERS BY DRINKING ALCOHOL OR BY DRUGS OR SOLVENT ABUSE.

No smoking signs are displayed inside and outside the building. The No Smoking policy applies to the whole premises, buildings, gardens and the front gate area. This includes the use of E cigarettes.

Parents who are found to be smoking are asked to leave the area until they have finished.

Staff are not permitted to smoke at any time when at the setting or in the presence of the children. This is regarded as a disciplinary offence.



Staff are informed of our policy during the Induction process.

Volunteers, students and visitors are informed of our policy when they attend the setting.

The school will not tolerate any staff member who arrives at work intoxicated or under the influence of drugs, alcohol or solvents.

Should this occur they will be asked to leave immediately and disciplinary procedures will follow for staff members. This may include contacting the Local Area Designated Officer for safeguarding (LADO)

Should a member of staff suspect that a parent is under the influence of alcohol (or drugs) when they collect their child the staff member must immediately alert senior staff and the DCPO who will then take the appropriate course of action as determined by the Safeguarding Children Policy.

## **Food and Drink Policy**

### **Aims**

We believe it is essential to provide children with positive healthy eating experiences in order to promote their well-being. We also encourage children to look at the long-term effects of a healthy and balanced diet.

We respect the different dietary, cultural and health needs of all our children

### **Methods**

As part of their Registration documents parents are asked to note any allergies or dietary requirements which their child might have.

The setting will collate and display a list of dietary requirements and allergies relating to the children in their rooms. Placemats are also utilised detailing the name and any allergy/dietary requirement of the children. Photographs of the children concerned are displayed alongside the information in order to ensure the child is easily identified by volunteer/new staff.

Parents are asked to inform the setting of any change in their child's dietary requirement.

Parents are consulted as to precise needs and, where necessary, may discuss dietary needs with our kitchen staff.

Lunch menus are displayed for the parents' information and children are monitored for what they are eating during their mealtimes. If it is required we will keep a 'food diary' of what a child consumes whilst at school. Salads, fruit and vegetarian options are always included in the lunch time menus.

The children are offered healthy snacks consisting of various fruit, rice cakes, bread sticks and plain biscuits. The children may bring their own choice of snack should the parent prefer. This should be healthy and nutritious.

A selection of fruit is always provided at snack times and the children are encouraged to eat this before they take any other item.



Staff will discuss their child's eating habits with their parents and alert them should there be a problem such as failure to eat or dislike of foods. Parental guidance is always appreciated and all attempts are made to ensure the child receives adequate and appropriate meals.

Children's dietary needs are treated with respect and the child is not made to feel different because of them.

Children may help themselves to fresh water at any time. This is available from the water jug near the entrance door in the reception area. Drinks are provided at snack times and lunch/tea times in order to ensure every child is receiving enough to drink during the day.

Children are also encouraged to help themselves at snack time however the sharing of snacks is discouraged in order to maintain control over possible allergy risks.

Children are offered tea during the afternoon should they be staying for childcare after 4.30 pm. This takes the form of a tea time snack such as sandwiches, fruit and savoury biscuits or cake.

Should parents elect to supply a lunch bag for their child they are encouraged to include only healthy foods and chocolate, crisps etc. are discouraged. The lunch bags are stored in the fridge. Parents are informed of the need to avoid foods with potential allergic reactions and the reasons for such a request.

The parents are telephoned if they forget to supply their child with their lunchbox and we offer to provide a hot lunch or to provide a suitable snack for the child concerned.

The kitchen staff is provided with a list of children's dietary requirements and always consults Early Years staff if unsure.

Parents are asked to avoid sending in any snacks which may contain nuts as this presents a potential risk for allergic reaction.

**NOTE: OFSTED MUST BE NOTIFIED WITHIN 14 DAYS IF 2 OR MORE CHILDREN ARE AFFECTED BY FOOD POISONING.**

#### Availability of water

We have fresh drinking water and suitable cups readily available for children and staff at all times. A water jug and plastic cups are situated in the reception area near the front door.

Jugs of water are offered at lunch times and placed on the tables. These are filled by the supervising adults on duty.

We encourage the children to help themselves to water, either with support or independently.

We support the children in recognising that they need to drink water when they are thirsty, hot or tired, or feeling unwell.

#### Routines

We plan snack-time as a regular, pleasant and social event.

We encourage the children to take turns and be polite.



We encourage common courtesies such as saying 'please' and 'thank you'.

Staff sit with the children whenever possible in order to share in the mealtime experience and to support and offer help when needed. Staff also monitor and ensure good table manners are observed and encouraged.

Storage of food (including lunch-boxes, if appropriate)

Food is stored in hygienic and clean airtight containers.

Food that needs to be kept chilled is put on the appropriate shelf in a fridge.

Food is always eaten by its sell-by date.

Appropriate safe and hygienic arrangements will be made for storing lunch-boxes.

### Diet and healthy eating

Children are encouraged to make healthy food choices and to understand the value of doing so via discussion, planned activities and topic work. We discuss and explore the need for oral hygiene and for personal hygiene.

Guest speakers are invited to speak to the children about healthy eating and hygiene. These are usually parents of children attending our school.

Children are encouraged to eat fruit and vegetables during the day and given reasons why this is important to their health and well-being. Fruit and vegetables are made to seem interesting and colourful and presented attractively. We try to include a variety of fruit and vegetables to satisfy all tastes and encourage the children to try new items.

Children are made aware of the benefits of exercise and encouraged to use their outdoor time to run and release energy levels. Discussion informs them of the benefits of taking exercise and books and pictorial items extend their knowledge.

Juices and fruit drinks are not supplied at the setting. We discuss the reasons why sugar and acidic drinks are bad for oral health, the benefits of brushing their teeth regularly and the need to visit the dentist regularly. Again visiting speakers address the children.

### Celebrations

Children may bring in items of food for a particular celebration or occasion. Staff check ingredients to establish whether it is safe for consumption. If there is any cause for doubt it is not served to the child for whom it provides a potential reaction. Alternative food is offered. When the occasion is pre-arranged the parent of such a child is asked to provide some special treat for that child.

We provide food for various celebratory events such as Christmas. We ensure that the foods respect ethnic/cultural requirements and also do not present any risk of allergic reaction in any child.