

POLICIES & PROCEDURES 2025-26

HEALTH

October 2025

HEALTH POLICIES 2025-26

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Important Organisations Contact Details

1. Health policy

EYA Policy Template Reference: 04

Aim

Longparish Little School is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They 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 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 ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that young children are sat safely in a 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.
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

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 (Alliance Publication)
- Allergy action plan

2. Accidents and emergency treatment

EYA Policy Template Reference: 04.1

Person responsible for checking and stocking first aid box: KRISTY LAMBERT

The setting 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 section **Food safety and nutrition**.

- Parents' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** be on the premises and available when children are on the premises and must accompany children on outings. First Aid training is updated regularly. We take account of the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and is able to respond to emergencies. We ensure that the training provider who delivers PFA training to our staff are competent.

- Students and trainees that have PFA training may be included in ratios at the level below their level of study if we are satisfied that they are competent and responsible.
- 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.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows (Contents confirmed November 2024):
 - Minimum 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 2 triangular bandages
 - 6 safety pins
 - 2 large bandages
 - 2 medium bandages
 - 2 large wound dressings
 - 2 medium wound dressings
 - a pair of disposable gloves
 - tweezers
 - ice pack
 - Burn soothe
 - Scissors for cutting clothing
 - 2 foil blankets
 - Eye wash
 - adhesive tape
 - 1 air flow mask
- A thermometer is kept near to the first aid box.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents (Kristy).

- A supply of ice packs is kept in the main kitchen fridge/freezer.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on Famly, and parents are notified.
- In the event of minor injuries or accidents, parents/carers are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case 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. Where a child has bumped their head, parents are notified immediately by telephone, and Famly records are also updated

Serious accidents or injuries

- 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, **Death of a child on site procedure (Safeguarding Policy)** is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents/carers are contacted and informed of what has happened and where their child is being taken to.
- 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.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the Trustees using a **Child Protection Expression of Concern form (Safeguarding Policy)**, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The Trustees are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as

is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

Further guidance

[Accident Record](#) (Alliance Publication)

3. Administration of medicine

EYA Policy Template Reference: 04.2

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, *or where medicine has been prescribed by the child's doctor, e.g. inhaler.*

If a child has not been given a prescription medicine before, especially a baby/child under two, 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. The setting 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 their key person/back up key person, or room senior if the key person is not available. The setting manager should also be informed.

Children's medication is received by KRISTY LAMBERT, and parents are asked to complete a consent form (on Family). Staff are notified verbally by Kristy.

- 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 if prescribed.
- 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/carers.

- Members of staff who receive the medication ask the parent to sign a consent form (on Family) stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it (if applicable)
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any side effects that may be expected
 - acknowledgement on Family from a parent/carer

Storage of medicines

- All medication is stored safely on top of the filing cabinet in the office and is kept in the medicine bag.
- Medicine that requires refrigeration is clearly labelled and kept in the Little School fridge in the kitchen.
- For Forest School, medication is brought with the child, looked after by a member of staff and kept in a locked combination code box.
- The key person 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. A **Healthcare plan form** must be completed. *There is no health care plan for children with asthma.* Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents 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 recorded on the child's Family profile.

The online setting database, Family, which all staff are familiar with, is where all medicine requirements are recorded.

We use the EYA Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.

The medicine records are recorded on Family. Parents/Carers are required to acknowledge the records, as well as a member of Little School staff to confirm accuracy, and to confirm that medicine has been administered correctly, *witnessed by another member of staff to ensure the correct dosage is given*. Details recorded include:

- name and strength of medication
- the date and time of dose
- dose given and method
- 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

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the Health & Safety Officer and key person. Other medical or social care personnel may be involved in the risk assessment.
- 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.

- A **Health care plan form** is completed fully with the parent/carer; 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 other staff member who is fully informed about their needs and medication.
- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- *The information recorded on the card is added to Family for the parent/carer to acknowledge.*
- 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 staff lockers or 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.

Further guidance

[Medication Administration Record](#) (Alliance Publication)

4. Life-saving medication and invasive treatments

EYA Policy Template Reference: 04.3

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) 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
- a **Health care plan**

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book 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 educator applying the technique in the first instance.

Safeguarding/child protection

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

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.

5. Allergies and food intolerance

EYA Policy Template Reference: 04.4

Before a child starts at Longparish Little School, parents/carers are asked if their child has any known allergies or food intolerance. This information is recorded on Famly. Ongoing 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 staff at Longparish Little School must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances
- If a child has an allergy or food intolerance, a **Generic risk assessment form** is completed with the following information:
 - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
 - control measures, such as prevention from contact with the allergen
 - review measures

- A **Health care plan form** must be completed with:
 - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name is added to the Dietary Requirements list, *and a picture of the child with details of their allergen is displayed in the kitchen.*
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior authorisation (recorded on Famly).

For other life-saving medication and invasive treatments please refer to **Administration of medicine (Health Policy)**.

6. Poorly children

EYA Policy Template Reference: 04.5

- If a child appears unwell during the day at Longparish Little School, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer 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 is a natural response to infection.

- A child's temperature is taken and checked regularly, using an ear thermometer.
- If a child's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents must acknowledge that medicine has been given on Famly.**
- In an emergency an ambulance is called and the parents are informed.
- Parents/carers 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.
- After diarrhoea or vomiting, parents/carers are asked to keep children home for 48 hours following the last episode.
- Children who are unwell should be kept at home, even if they have been given medicine to make them feel better (e.g.Calpol).
- Where a child is to receive prescribed medication before arriving at the setting, this must be discussed with setting staff prior to the child receiving medication and being dropped off, so that staff are aware that medication has been given at home.
- ***Eye infections (conjunctivitis) – due to the age of children at the setting, the frequency of children touching their eyes/faces is increased. Children must remain at home until there is no more leakage from the eyes, or, where medicinal treatment is being given, treatment has been given for at least 24 hours.***
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times. This is displayed in the office on the Health & Safety board.
- The setting manager notifies the Trustees if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA) and Ofsted in the event of an outbreak.

Food Poisoning Procedure

This procedure can also be found in the Food Safety and Nutrition section of the Health & Safety Policy document.

Food poisoning is preventable when staff follow the **Food Safety and Nutrition Policy**. Where food poisoning is suspected or confirmed, the following procedure is followed:

Identify Symptoms Promptly

Be alert to signs of food poisoning in children or staff. These may include:

- Nausea
- Vomiting
- Diarrhoea
- Abdominal pain or cramps
- Fever

Isolate the Affected Individual

- Remove the affected child or staff member from the group to prevent the spread of infection.
- Ensure they are cared for in a quiet, supervised area.
- Provide fluids (if appropriate) and comfort.

Inform Parents/Carers

- **For children:** Notify the child's parent/carer immediately.
- Advise them to collect the child and seek medical advice if necessary.

Record the Incident

- Log the symptoms, time of onset, and any food consumed.
- Include any actions taken and who was informed.

Clean and Disinfect Thoroughly

- Clean and disinfect any areas where vomiting or diarrhoea occurred using appropriate cleaning products (e.g. bleach-based disinfectant).
- Use PPE (e.g. gloves and apron) during cleaning.
- Dispose of any contaminated materials (e.g. tissues, gloves) safely in sealed bags.

Monitor for Additional Cases

- Keep an eye on other children and staff for similar symptoms.
- If **two or more** individuals are affected, this may indicate an outbreak.

Notify Appropriate Authorities (if needed)

- If multiple cases or a serious illness occurs, **notify your local Public Health Team or Environmental Health Officer** immediately.
- Also notify **Ofsted** if the illness is serious or there is an outbreak.

Review Food Handling Procedures

- Check food storage, preparation, and serving procedures.
- Ensure all food hygiene practices meet legal requirements.
- Discard any suspected contaminated food immediately.

Exclusion Period

- Follow **Public Health England (PHE)** guidance:
 - A child or staff member with diarrhoea and/or vomiting should stay away for **at least 48 hours** after the last episode.

Notifiable diseases and infection control

If educators suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The service manager or deputy will call 111 and inform parents / carers.

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 manager has a list of notifiable diseases and contacts the UK Health Security Agency(UKHSA), Ofsted, or the childminder agency in the event of an outbreak.

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 service 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 service 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 service.

Infection control for bodily fluids – transmissible viruses

- 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. 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/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.
- Baby mouthing toys must be cleaned prior to another baby using them. All toys/resources are cleaned regularly. As a minimum, this should be carried out weekly, using sterilising solution for plastic toys/resources.

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.

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\)](#)

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. *Longparish Little school does not routinely hold a supply of paracetamol-based medicine due to the expiry date once the medicine has been opened.* A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

Further guidance

[Medication Administration Record](#) (Alliance Publication)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

[High temperature \(fever\) in children - NHS \(www.nhs.uk\)](#)

7. Infection control

EYA Policy Template Reference: 04.5a

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

Prevention

- 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).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

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.

Further guidance

[Good Practice in Early Years Infection Control \(Alliance Publication\)](#)

8. Oral health

EYA Policy Template Reference: 04.06

Longparish Little School provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.

Pacifiers/dummies

- Parents/carers are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents/carers are told that this has happened

Further guidance

Infant & Toddler Forum: Ten Steps for Healthy Toddlers

www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/

9. Mental Health and Wellbeing Policy for Staff and Early Years

(Longparish Little School Policy)

Introduction

The well-being of both staff and children is fundamental to creating a positive and supportive environment where individuals can thrive. This Mental Health and Wellbeing Policy is designed to promote a culture of understanding and support, ensuring that staff members and children in early years settings feel mentally and emotionally safe. The policy aims to provide clear guidance on how we can promote mental health awareness, address challenges, and ensure that individuals have the support they need to thrive. We use unicef-understanding and supporting mental health in infancy and early childhood tool kit.

Policy Purpose

This policy outlines the commitment of Longparish Little School to support the mental health and well-being of its staff and the children in its care. It aims to:

- Promote mental health awareness and reduce stigma related to mental health challenges.
- Provide clear support structures and resources for staff and children.
- Encourage open communication regarding mental health concerns.
- Create a safe and inclusive environment where mental health is taken seriously.
- Address mental health challenges early to ensure long-term well-being.

Scope of the Policy

This policy applies to all staff members (full-time, part-time, temporary, and volunteers) and the children attending the early years settings, including infants, toddlers, and preschool-aged children, we are also here to support them parents. The policy also recognizes the importance of working closely with families to ensure a holistic approach to mental health and wellbeing.

Promoting Mental Health Awareness

To foster a mentally healthy workplace and environment for children, we will:

- Provide regular training and workshops on mental health for staff to raise awareness, promote understanding, and reduce stigma.
- Raise awareness among children about feelings, emotions, and how to express them, fostering emotional intelligence from a young age.
- Embed social and emotional learning into daily practice for both staff and children.

Mental Health Support for Staff

We understand that staff mental health is critical to the success of the early years setting and the well-being of the children. Therefore, we will provide:

- **Access to Mental Health Resources:** Access to counselling services, and mental health hotlines.
- **Wellbeing Initiatives:** Regular check-ins,
- **Clear Support Procedures:** A confidential, non-judgmental approach for staff members to seek help with mental health concerns, including stress, burnout, anxiety, or depression.
- **Flexible Work Arrangements:** Where possible, flexible working hours or the ability to work remotely to support staff dealing with personal mental health concerns.
- **Peer Support Networks:** Establishing a peer support system among staff to encourage mutual support and sharing of resources.
- **Mental Health First Aid:** Providing a member of trained Mental Health First Aiders who staff can turn to for initial support and guidance.

Mental Health Support for Children

We aim to provide a safe, nurturing, and supportive environment for children to ensure they develop emotionally and socially in a healthy way. We will:

- **Emotional Support:** Encourage staff to provide appropriate emotional support to children who may show signs of mental health concerns, such as anxiety or low mood.

- **Early Intervention:** Implement early interventions if any mental health concerns are identified, such as behaviour changes or withdrawal. This may involve seeking advice from mental health professionals, including child psychologists or counsellors.
- **Inclusive Practices:** Create an inclusive environment where every child is valued, regardless of their background, culture, or abilities, ensuring mental health is prioritized from an early age.
- **Parental Involvement:** Work closely with parents and guardians to understand each child's individual needs and provide guidance on how to address mental health concerns in partnership with families.
- **Training for Staff:** Ensure that staff are trained to recognize early signs of mental health challenges in children and know how to respond appropriately.

Creating a Supportive Environment

We believe that the physical and emotional environment is key to promoting mental health. Therefore, we will:

- Create a calm, safe, and welcoming environment for staff and children.
- Sensory toys
- Designate quiet or calming spaces for staff and children who may need a break or time to themselves.
- Encourage positive relationships, effective communication, and mutual respect between staff and children.
- Lots of books supporting children's emotions that can also go home
- ELSA trained staff
- Helping children to regulate

Confidentiality and Privacy

Confidentiality is a key component of mental health support. We will ensure that:

- All discussions, disclosures, and support around mental health concerns are handled with the utmost confidentiality and respect.
- Information regarding a staff member's or child's mental health will only be shared with relevant parties, with consent or when there is a safeguarding concern.

Review and Evaluation

This policy will be reviewed annually, or sooner if needed, to ensure it continues to meet the needs of staff and children. Feedback from staff, families, and external professionals will be sought during the review process to ensure the effectiveness of the policy and identify any improvements that can be made.

Conclusion

The mental health and well-being of our staff and the children in our care are a priority. By implementing this policy, we aim to ensure that everyone feels supported, valued, and able to access the help they need. Through open communication, education, and access to resources, we will work together to create a positive, supportive environment for all.

Health care plan

Please note that this form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.

Name of Child	
Date of Birth	
Child's address	
Contact information for family or main carers	
1. Name	
Relationship to child	
Contact numbers	
2. Name	
Relationship to child	
Contact numbers	
Medical diagnosis, condition or allergy	
Clinic or Hospital contact	
Name	
Phone no.	
GP/Doctor	
Name	

Phone No.	
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Describe medical needs and give details of symptoms
Risk assessment completed? If no, please state why?
If yes please include details here
Date completed:
Daily care requirements e.g. before meals/going outdoors
Describe what constitutes an emergency for the child and what actions are to be taken if this occurs

Name/s of staff responsible for an emergency situation with this child

Parent/carer and person completing this form must sign below to indicate that the information in this plan is accurate and the parent/carer agrees for any relevant procedures to be carried out

Parent's name	Signature	Date
Key person's name	Signature	Date
Setting Manager's name	Signature	Date

For children requiring lifesaving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, approval must be received from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/consultant:		Date:	
Signature:			

Review completed (at least every six months)

Parent's name	Signature	Date
Key person's name	Signature	Date

Setting manager's name	Signature	Date

Copies circulated to:

Parents

Child's personal records (with registration form)

GP/Consultant – if required