



04 Health policy

Alongside associated procedures in 04.1-04.9 Health, this policy was adopted by Acorns Community Preschool on June 2024.

Our provision 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 babies and young children are sat safely in a highchair or 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

Further guidance

Accident Record (Early Years Alliance 2019)

Date	Policy History - Alterations	Initials
31/01/2025	Minor change	LG
26/1/2026	Objectives about food allergies and intolerances and how to manage them	LG

Acorns Community Pre-School

Hanover Hall

Jennings Road

Totton



04 Health procedures

04.01 Accidents and emergency treatment

(including Accident and Serious Injury Response Timeline)

Person responsible for checking and stocking first aid box: Liz Gaida

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 **03 Food safety and nutrition and 04 Health**.

- Parents consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate is on the premises and available when children are on the premises and must accompany children on outings, who regularly update their training. We consider the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies. We 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 2024 all staff who obtained a level 2and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order 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:
 - 20 individually wrapped sterile plasters (assorted sizes)
 - 2 sterile eye pads
 - 4 individually wrapped triangular bandages (preferably sterile)
 - 6 safety pins
 - 2 large, individually wrapped, sterile, un-medicated wound dressings
 - 6 medium, individually wrapped, sterile, un-medicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.

- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice packs are kept in the freezer.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photo-copy of the accident form on request.
- In the event of minor injuries or accidents, parents 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.
- As a reminder to adults for any bumps to the head a red wrist band is used.

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, **06.07 Death of a child** on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or 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 managers 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 Designated Safeguarding Lead notifies the Safeguarding Team and completes the **6.1c Confidential safeguarding incident report form** as soon as possible.
- Examples of serious accidents, illnesses or injuries are 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
- The setting's Safeguarding Team are consulted before a RIDDOR report is filed.
 - 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 Directors are notified by the Designated Safeguarding Lead or a member of the Safeguarding Team 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 Safeguarding Lead will, after consultation with the Directors, inform local child protection agencies of these events

Further guidance

Accident Record (Early Years Alliance 2019)

Date	Policy History - Alterations	Initials
31/01/2025	Minor change	LG
1/4/25	HCC SfYC Blog – March 2025 – Use LADO Initial Enquiry Form	LG
26/1/26	Clarification re first aider and ratio	LG
24/2/2026	Update Emergency Response Guidance (linked to Policy 6.07)	LG

Emergency Response Guidance

Contact	Emergency services see Guidelines poster.
Listen	Follow Emergency advice given.
Child's file	Be ready to pass on relevant health information
Contact	Child's family
Be Prepared	A member of staff to accompany casualty to hospital, with the child's personal file
Remember	Stay calm and care for the other children.

Contacting Emergency Services

Dial 999	Ask for an ambulance - be ready with the following information
Telephone number	Landline: 023 8066 8234 Mobile: 07510 966236
What Three Words	///take.chats.term
Address	Acorns Community Pre-school, Hanover Hall, Jennings Road, Totton, Southampton, Hampshire
Post code	SO40 3BA
They may ask you	Your name and role Name of child and a brief description of casualty's symptoms including IHP and health issues - see child's file
Listen carefully & Speak clearly	

Following incident please see

Policy 04.01 - Accident and Serious Injury

Policy 06.07 - Death of a child on-site (Critical Incident)

After incident

Check	Well-being of staff members and children.
Gather information	Compile written record of incident.
Safeguarding Team	Inform Directors
Sharing information	Prepare information to be shared with parents.

	Decide on how to share information
Ongoing	Check staff and families wellbeing
Future	Debrief leading to possible changes to policies and training
Who to inform?	FOLLOW POLICIES - By the end of 14 days will need to contact relevant Agencies. Policy 04.01 - Accident and Serious Injury Policy 06.07 - Death of a child on-site (Critical Incident)

Agencies Contacts

RIDDOR – 0845 300 9923 (for specified injuries, see list in policy) or online - www.hse.gov.uk/riddor	0845 300 9923 (for specified injuries, see list in policy) or online - www.hse.gov.uk/riddor
SFYC	They will put in place their communication protocol. Children’s Social Care Professional Helpline (Hants Direct) - Tel: 01329 225379
NYDC	Food poisoning and infectious disease - Email: eandr@nfdc.gov.uk - Phone: 023 8028 5411
Ofsted	0300 1231231
LADO	LADO Initial Enquiry Form
Health Protection Team	Notifiable disease within 24 hours - Hampshire and Isle of Wight (HPT) (South East) - Telephone: 0344 225 3861
Insurers	EYA – 020 76972585/2500 (No 3171) - Advice what can be shared with the media.
Public Children’s Social Care	0300 555 1384 (Out of hours 0300 555 1373)

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04 Health procedures

04.02 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. 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 or supervisor. The setting manager should be also be informed. Medical Consents are kept in a 'Medicine' file in the Kitchen.
- 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. Our recommendation is three or less dosage should be administered at home.
- 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.
- Members of staff who receive the medication ask the parent to sign a consent form 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
 - dosage to be given
 - how the medication should be stored and expiry date
 - a note of any possible side effects that may be expected
 - signature and printed name of parent and date

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in a marked box in the main kitchen fridge. Details are kept in the 'Medicine' File in the Kitchen.

- The key person or Supervisor is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. 04.02a Individual Healthcare Plan Form must be completed. 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 kept in a dedicated kitchen cabinet together with the 'Medicine' file. Staff are made aware in induction and reminded of the procedures on a regular basis.

The medicine record sheet records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person or supervisor
- verified by parent signature at the end of the day

A witness signs the medicine record sheet to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the supervisor and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor for their child.

- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child’s health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child’s GP’s is sought if necessary, where there are concerns.
- Individual Healthcare Plan is completed fully with the parent; outlining the key person’s role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

Managing medicines on trips and outings

- Children are accompanied by their key person, or 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 card is later stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled 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 (Early Years Alliance 2019)

Date	Policy History - Alterations	Initials
31/01/2025	Clarification of where consent form and medicine are kept.	LG
26/1/2026	Minor changes	LG



04 Health procedures

04.03 Life-saving medication and invasive treatments

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 and other staff 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 04.02a Individual Healthcare Plan Form in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered

- written consent from parents allowing members of staff to administer medication
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse
- 04.02a Individual Healthcare Plan Form

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 on the medication record sheet of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

Safeguarding/child protection

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

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

Date	Policy History - Alterations	Initials
31/01/2025	No Changes	LG
26/1/2026	Minor changes	LG



04 Health procedures

04.04 Allergies and food intolerance

Before a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form. On going discussions must take place with parents/carers and where appropriate health professionals to develop allergy action plans for managing any known allergies and food intolerances. This information must be kept up to date on a child's registration form and shared with all staff.

- All staff 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 **Child and Adult Individual 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

Individual 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 which is located 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.
- Parents 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 are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on Snack information.

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 written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to **Administration of medicine Consent Form**.

Date	Policy History - Alterations	Initials
31/01/2025	Minor Changes	LG
26/1/2026	Minor changes	LG

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04.5 Poorly children

- If a child appears unwell during the day, 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 it is a natural response to infection.
- ponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- In an emergency an ambulance is called and the parents are informed.
- Should symptoms continue parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.

- The setting manager notifies their line manager 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.

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 service. 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 UK Health Security Agency (UKHSA) and Ofsted 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/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Toys are kept clean and plastic toys cleaned in sterilising solution regularly.

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. 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'. 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

[Good Practice in Early Years Infection Control](#) (Alliance 2009)

[Medication Administration Record](#) (Early Years Alliance 2019)

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 \(www.nhs.uk\)](#)

Date	Policy History - Alterations	Initials
31/01/2025	Revised - may be removed to make them more comfortable, but children <u>are not</u> undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection. Added guidance High temperature (fever) in children - NHS (www.nhs.uk)	LG
2/1/2026	Additions about managing poorly children and handwashing	LG

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04.05a Infection control

Good practice infection control is paramount in early years settings. 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.
- To reduce infections vectors, staff are expected to take mitigating actions when use communal appliances, such sanitising ipads, telephone and computer. Should staff wish to answer the phone on loud speaker it is the individuals responsibility to maintain confidentiality.

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 (See policy 04.01) 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 2009)

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31/01/2025	No Changes	LG
26/1/2026	No changes	LG

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04. Health procedures

04.06 Oral health

The setting 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 are *advised* to stop using dummies/pacifiers once their child is 12 months old.
- Dummies that are damaged are disposed of and parents 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/

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31/01/2025	No Changes	LG
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04 Health procedures

04.07 Baby and child massage

It is recognised that massage is beneficial for babies and young children, promoting relaxation of mind and body, as well as other benefits. The best people to massage young children are their parents and opportunity to learn to do this should be available. While children can benefit from this in day care, concerns about children's personal safety mean that it should only be done under strict conditions.

If young children are massaged in the setting the following conditions are met:

- Members of staff carrying out massage are qualified or have had some training by a qualified person and are aware of contra-indications (a medical condition that may restrict or prevent a treatment being carried out).

- Parental consent is obtained and contra-indications checked and signed by parents. Any contra-indications would mean a child is not to be massaged unless the parents gain agreement from a GP.
- Massage sessions are planned, organised and supervised so that they fit into the daily routine.
- Massage carried out by a single member of staff is never undertaken away from the group.
- Young children wear vest and shorts.
- Rooms are warm and draught free; noise is at a minimum; rest period is a good time.
- Massage only takes place on hands, arms, shoulders, neck, head, feet and lower legs.
- Children’s consent for massage is sought and their preferences are respected.
- Young children can be taught to massage each other’s hands, feet and heads.
- Massage is empowering and educative; it should be undertaken in conjunction with educating children about body awareness, ‘good and bad touches’, recognition of tension; development of their own sensitivity to touch.
- Confirmation is received from the insurance provider to ensure these activities can take place.

Date	Policy History - Alterations	Initials
31/01/2025	EYA policy May 2024 adopted by Acorns. Continuing to be used.	LG

Acorns Community Pre-School
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04 Health procedures

04.08 Health and Well Being – Children

Annex 1 – Well-Being Pyramid - Maslow’s Hierarchy of Needs

Policy statement

Well-being is a particular state or feeling that can be recognized by satisfaction, enjoyment & pleasure. The person is relaxed and expresses inner rest, feels the energy flow and radiates vitality, is open to the surroundings, accessible and flexible. - Professor Ferre Laevers

Acorns aims to create a learning community, which enables all children to become successful, independent and responsible citizens. By promoting curiosity and a desire to learn we will ensure that all children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Our aim is that all children leave Acorns as self-motivated, considerate, responsible and enthusiastic individuals. Each child at Acorns will be treated as an individual and staff will take into account the stage of growth, development, maturity and the social and community context.

Well-being relates to our basic needs as human beings. These are

- Physical needs (need to eat, drink, move & sleep)
- The need for affection, warmth & tenderness (being hugged, receiving & giving love & emotional warmth)
- The need for safety, clarity & continuity (knowing the rules, being able to predict what comes next, counting on others)
- The need for recognition & affirmation (feeling accepted & appreciated by others, being part of a group & having a sense of belonging)
- The need to feel capable (feeling that you are good at something, to experience success)

Intellectual development and social & emotional development are strongly influenced by a child’s experiences during their pre-school years.

Emotional well-being includes being happy and confident and not anxious or depressed.

Social well-being allows children to make good relationships.

Procedures

We promote individual children’s well being by:

- Ensuring Golden rules are in place and are encouraged to be followed
- Staff promoting and encouraging independence throughout the setting
- Staff being positive role models and encouraging good manners and good personal hygiene

- Ensuring all children are treated fairly and equally
- Staff providing opportunities for children to be challenged and celebrate achievements
- Staff taking into account all children’s individual needs through our key worker system
- Providing experience that promote a healthy and active lifestyle
- All staff being aware of child protection policy and procedure
- Staff allowing children to overcome challenges and learn from these experiences
- Providing inclusive children-led learning which staff observe and support
- Encouraging positive behaviour within the setting
- Supporting individual children’s transitions during their time at Acorns
- Staff promoting positive relationships with parents and carers, developing a regular conversation about the children
- Annual Questionnaires for parents and carers to evaluate our practice
- Parents being involved with care plans to support staff in providing continuity of care
- Parents participating in developing care strategies for children with additional support needs

Staff understand children’s emotional health needs and have the time and skills to develop nurturing relationships. They can identify factors that may pose a risk to a child’s social and emotional well-being as part of the on-going assessment of their development. This could include

- A child being withdrawn
- A child being unresponsive
- Children showing signs of a behavioral problem
- Delayed speech or poor communication & language skills

The Key Person’s ongoing observation, assessment and planning for individual children will include monitoring their well-being and involvement within the setting, and support children towards their Next Steps.

Benefits to children & families

By supporting and encouraging families and their children’s wellbeing we understand:

- Children will be more engaged with learning
- Parents are more engaged with the setting
- Parents will be more interested in their child’s learning & development
- We encourage high morale within the setting
- We provide the environment to develop good relationships between staff, parents & children
- We develop the good emotional health of the children

Date	Policy History - Alterations	Initials
31/01/2025	Policy created by Acorns from research documents. Continuing to be used.	LG
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Well Being Pyramid - Maslow's Hierarchy of Needs

Maslow Theory: Basic Needs and Learning

Abraham Maslow described a hierarchy of needs common to all human beings. The hierarchy demonstrates that basic needs must be met before children are able to focus on learning.

In keeping with Maslow's theory, the first priority of Acorns is to meet the basic needs of children. We recognize that staff can do little to change the circumstances of children whose basic needs are not met outside the setting but it does accept the challenges these children pose when they are in preschool.



Physiological needs are hunger, thirst, and bodily comfort. Because a hungry child has difficulty focusing on learning, many early childhood programs provide breakfast, snacks, and lunches. Similarly, children with medical concerns or physical disabilities may require physical supports or special care to function successfully in school.

Safety is security and freedom from danger. When children know they are protected and that no harm will come to them, they feel free to reach out to others and explore their environment. Children with disabilities may require extra attention to meet their needs and feel safe. For example, a child with a visual impairment may require help orienting to the setting of the classroom, and one with physical impairments may require environmental adaptations.

Belongingness is the sense of being comfortable with and connected to others that results from receiving acceptance, respect, and love. Connectedness or belongingness, in turn, promotes learning. However, for some young children feeling that they belong is not easy. Often they have trouble believing that they are worthy of being loved. As a result, they may exhibit behavior that tests acceptance, or they act out, attack others, or behave in ways that show they deserve to be rejected. These children benefit from being around adults who are consistent and caring, not harsh and judgmental.

Esteem is self-respect and respect from others. Esteem emerges from daily experiences that give children the opportunity to discover they are competent and capable learners. If children's experiences are predominantly successful and positive, their sense of self grows. If they are predominantly unsuccessful, their sense of self suffers. A supportive environment that offers children new tasks they can master, and that recognizes their efforts, helps children see themselves as respectable, capable individuals.

Self-Actualization

To gain self-actualization, a sequence of issues need to be resolved for healthy development to occur. Creating an atmosphere in which children are safe, feel emotionally secure, and have a sense of belonging enables activities and teaching strategies that are challenging but within children's reach. We suggest that giving children choices and a role in determining how they will learn help children to feel competent, make decisions, and direct their own learning

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04 Health procedures

04.09 Health and Well Being – Staff

Policy statement

Acorns Community Preschool as an employer has a duty to ensure the health, safety and welfare of its employees as far as reasonably practicable. It is also required to have in place measures to mitigate as far as practicable factors that could harm employees' physical and mental well-being, which includes work-related stress. This duty extends only to those factors which are work-related and within the preschool's control.

Acorn's management team acknowledge the potential impact that work has on an individual's physical and mental health, and as well as a moral and legal duty for taking steps to promote employee well-being as far as reasonably practicable, we understand that as a small business we need to look after our staff to ensure smooth running of the setting.

The management team are committed to fostering a culture of co-operation, trust and mutual respect, where all individuals are treated with dignity, and can work at their optimum level.

Acorns recognise that work-related stress has a negative impact on employees' well-being, and that it can take many forms, we understand that any concerns need to be carefully explored and addressed professionally by the management team.

Definition of Stress

This policy accepts the Health and Safety Executive definition of work-related stress as "the adverse reaction a person has to excessive pressure or other types of demand placed on them". There is an important distinction between 'reasonable pressures' which stimulate and motivate and 'stress' where an individual feels they are unable to cope with excessive pressures or demands placed upon them.

The Health and Safety Executive have produced a number of Management Standards which cover the primary sources of stress at work that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. These are:

- Demands – i.e. Workload, work patterns and the work environment.
- Control – i.e. How much say the person has in the way they do their work.
- Support – i.e. The encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships – i.e. Promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role – such as whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- Change – such as how organisational change (large or small) is managed and communicated within the organisation.

The preschool well-being and stress management is based on the HSE Management Standards, this policy recognises that there are many sources of work related stress and that

stress can result from the actions or behaviours of managers, employees, parents/carers or children.

Procedures

Acorn's promotes the well-being of employees by:

- Creating a working environment where potential work-related stressors as far as practicable are avoided, minimised or mitigated through good management practices, effective policies and staff development.
- Increasing the management team and employees' awareness of the causes and effects of stress.
- Developing a culture that is open and supportive of people experiencing stress or other forms of mental ill-health.
- Developing the competence of the management team through the Knowledge, Skills and Behaviours framework, so that they manage staff effectively and fairly.
- Engaging with staff to create constructive and effective working partnerships within the setting.
- Establishing working arrangements whereby employees feel they are able to maintain an appropriate work life balance.
- Encouraging staff to take responsibility for their own health and well-being.
- Encouraging staff to take responsibility for their own work and effectiveness as a means of reducing their own stress and that of their colleagues.

Responsibilities for implementing the Staff Well-being policy

The Management Team will:

- Promote a culture of co-operation, trust, and mutual respect. Treating individuals with dignity and consideration.
- Encourage good management practices and a positive working ethos within the preschool, including encouraging mutual flexibility, allowing employees to maintain a reasonable "work life balance.
- Promote effective communication and ensure procedures are in place to manage our working environment within the setting ensuring that working practices minimise the risk of work-related stress.
- Ensure there are opportunities for individuals to raise concerns about their work, seeking advice from staff at an early stage where concerns are raised.
- Will access and cascade expertise as appropriate in order to increase their awareness of the causes and effects of work-related stress.
- Investigate and manage the situation should a member of staff cause stress to any of their colleagues.
- Develop, review and update policies and procedures to support best practice, enabling management to give or access advice on human resources concerns and ensure there are arrangements in place to support individuals experiencing stress.

Employees will:

- Treat colleagues, and all other individuals they have contact with whilst working in the setting, with consideration, respect and dignity.
- Raise concerns with management if they feel there are work issues that are causing them stress and having a negative impact on their well-being.

- Be encouraged to take responsibility for their own health and well-being by adopting healthy lifestyles.
- Take responsibility for working effectively in their individual assigned and deployed roles, as well as working together as part of an efficient team.

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31/01/2025	Policy created by Acorns from research documents. Continuing to be used.	LG
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04 Health procedures

04.10 Hot Weather Guidance

Children's susceptibility to high temperatures varies; especially those under 4 years of age.

Children cannot control their body temperature less efficiently during hot weather and so can be at risk of ill-health from heat and could suffer heat-related illness. Staff will be looking out for signs of this. If sensible precautions are taken children and adults are less likely to be affected by hot conditions. The main risk from heat is dehydration (not having enough water in the body).

Due to the above health risks parents / carers may choose for their child not to attend preschool due to extreme heat.

In our pre-school we acknowledge the importance of sun protection and want staff and children to enjoy the sun safely. During periods of high temperature we will work with staff and parents to achieve this in a variety of ways laid out in this policy.

We obtain parents/carers permission for staff to supervise and assist children to apply sunscreen supplied by parents/carers, if required, during the summer months.

We consider sun protection when planning all outdoor activities from April to September (the sun is strongest at this time of year).

Prevention - Outdoors

- We encourage children to sit/play in the shade where it is available.
- We ensure that our Sun Sail is well maintained and is in place as soon as the weather starts to warm up, usually in April.
- Children are required to wear hats that cover the ears, face and neck
- children should wear loose, light-coloured clothing to help keep cool and sunhats with wide brims to avoid sunburn
- During warm sunny weather, we remind parents to apply sun cream prior to attending preschool.
- Children need to bring in their own clearly labelled bottle of sunscreen, at least factor 15+.
- We do not supply sunscreen to children due to the possibilities of allergies.
- children should not take part in vigorous physical activity on very hot days, such as when temperatures are in excess of 30°C
- provide children with plenty of water (such as individual drink bottles and water from a cold tap) and encourage them to drink more than usual when conditions are hot

Prevention indoors

- open windows as early as possible in the morning before children arrive, or preferably overnight to allow stored heat to escape from the building – it is important to check insurance conditions and the need for security if windows are to be left open overnight
- almost close windows when the outdoor air becomes warmer than the air indoors – this should help keep the heat out while allowing adequate ventilation
- keep the use of electric lighting to a minimum
- oscillating mechanical fans can be used to increase air movement if temperatures are below 35°C – at temperatures above 35°C fans may not prevent heat-related illness and may worsen dehydration
- encourage children to eat normally and drink plenty of cool water

Health risks from Heat

Heat stress

Children suffering from heat stress may seem out of character or show signs of discomfort and irritability (including those listed below for heat exhaustion). These signs will worsen with physical activity and if left untreated can lead to heat exhaustion or heatstroke.

Heat exhaustion

Symptoms of heat exhaustion vary but include one or more of the following:

- tiredness
- dizziness
- headache
- nausea
- vomiting
- hot, red and dry skin
- confusion

Heatstroke

When the body is exposed to very high temperatures, the mechanism that controls body temperature may stop working. Heatstroke can develop if heat stress or heat exhaustion is left untreated, but it can also occur suddenly and without warning.

Symptoms of heatstroke may include:

- high body temperature – a temperature of or above 40°C (104°F) is a major sign of heatstroke
- red, hot skin and sweating that then suddenly stops
- fast heartbeat
- fast shallow breathing
- confusion/lack of co-ordination
- fits
- loss of consciousness

Actions to protect children suffering from heat illness

The following steps to reduce body temperature should be taken immediately:

1. Move the child to as cool a room as possible and encourage them to drink cool water (such as water from a cold tap).
2. Cool the child as rapidly as possible, using whatever methods you can. For example, sponge or spray the child with cool (25 to 30°C) water – if available, place cold packs around the neck and armpits, or wrap the child in a cool, wet sheet and assist cooling with a fan.
3. Dial 999 to request an ambulance if the person doesn't respond to the above treatment within 30 minutes.

If a child loses consciousness, or has a fit, place the child in the recovery position, call 999 immediately and follow the steps above until medical assistance arrives.

Preschool Closure due to extreme heat

The Met Office issues weather warnings when severe weather has the potential to impact the UK. We will use this site to assess the possible impact of extreme heat on the day to day running of preschool. If an Amber Warning is issued preschool may need to follow the emergency closure procedure.

Supporting information

Looking after children and those in early years settings during heatwaves: for teachers and professionals – Gov.uk

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31/01/2025	Policy created by Acorns from research documents. Continuing to be used.	LG
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