

## **04 Health policy**

Alongside associated procedures in 04.1-04.7 Health, this policy was adopted by Little Frogs Pre School on 16 March 2026

### **Aim**

Little Frogs Pre 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/carers.
- Identifying and promoting health through taking the 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.
- Recognising the benefits of baby and child massage, by parents/carers or staff carrying out massage under conditions that maintain the personal safety of children.
- 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](#)

## 04.1 Accidents and emergency treatment

**Person responsible for checking and stocking first aid box:** Tracey Knox

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/carers' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** always be on the premises and available when children are on the premises and must accompany children on outings, [or all staff are paediatric first aiders], 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, 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:
  - 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 is kept in the plant room and main kitchen fridges.
- 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 or digital recording system. Parents/carers may have a photocopy of the accident form on request.
- 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.

### **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, 06.7 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/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 for minor injuries, if deemed to be necessary.

### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the owner/trustees/committee using 6.1c Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.
- The committee 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 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)

Choosing a first aid training provider <https://www.hse.gov.uk/pubns/geis3.htm>

## **04.2 Administration of medicine**

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

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

If a child has not been given a prescription medicine before, 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/carer'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. The Play Leader will take the medication from the parent and complete the Administration of medicine form with the parent.
- 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/carers 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/carer 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 (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
  - signature and printed name of parent/carer and date

## **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the milk kitchen fridge, or in a marked box in the main kitchen fridge. Medicines not required to be refrigerated will be stored in the cupboard in the medicines box, out of reach of children.

- The Play Leader is responsible for ensuring medicine is handed back at the end of the day to the parent/carer.
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent/carer.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

## **Record of administering medicines**

A record of medicines administered is kept near to the Play Leader desk on the wall. Play Leader will brief another member of staff of the medicines required and the time.

The medicine record, records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method
- signed by key person/setting manager
- verified by parent/carer signature at the end of the day

A witness signs the medicine record book 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 several 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 setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers 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 are part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- 04.2a 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 or electronic device 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 must 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)

## **04.3 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 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 (04.2a) in place which considers 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. Children are changed with their head to the open doorway.

### **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/carers 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 healthcare plan (04.2a)

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.**

## 04.4 Allergies and food intolerance

**Before** a child starts at Little Frogs Pre School parents/carers 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 at Little Frogs Pre 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, 01.1a 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
- 04.2a 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.
- 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/carers' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

## **04.5a Infection control**

Good practice infection control is paramount in Little Frogs Pre 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)

## **04.6 Oral health**

Little Frogs Pre 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 always available and easily accessible.
- Sugary drinks are not served.
- In partnership with parents/carers, babies are introduced to an open free-flowing cup at 6 months and from 12 months are discouraged from using a bottle.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents/carers are discouraged from sending in confectionary as a snack or treat.
- Staff follow the Infant & Toddler Forum's Ten Steps for Healthy Toddlers.

### **Where children clean their teeth when at the setting**

- Little Frogs Pre School participates in the Toothbrushing scheme. Parental permission is sought.
- Children are encouraged to brush their teeth as part of the daily routine. Teeth should not be cleaned for at least one hour after a meal as this can cause loss of enamel.
- Each child has their own toothbrush, which is stored individually to prevent accidental contact and cross contamination.
- A small amount of toothpaste is put onto a blue paper towel before applying to the brush to prevent cross contamination.
- Toothbrushes are cleaned at each session and sterilised weekly in Milton or similar disinfecting fluid.
- Toothbrushes are changed every three months.
- Oral hygiene activities are included in planning at least every three months when toothbrushes are changed.
- The setting co-ordinates with local oral health and ensure procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.

### **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/](http://www.infantandtoddlerforum.org/toddlers-to-preschool/healthy-eating/ten-steps-for-healthy-toddlers/)

## **04.7 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 babies and young children are their parents/carers 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 babies and young children are massaged in the setting the following conditions are met:

- Members of staff carrying out massage are qualified or have had training by a qualified person and are aware of any medical condition that may restrict or prevent a treatment being carried out.
- Parental consent is obtained, and contra-indications checked and signed by parents/carers. 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.
- Babies remain clothed in vest and nappy; 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.

## 04.2a Health care plan

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

<b>Name of Child</b>	
<b>Date of Birth</b>	

<b>Child's address</b>	
<b>Contact information for family or main carers</b>	
<b>1.Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>2. Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>Medical diagnosis, condition or allergy</b>	
<b>Clinic or Hospital contact</b>	
<b>Name</b>	
<b>Phone no.</b>	
<b>GP/Doctor</b>	
<b>Name</b>	
<b>Phone No.</b>	
<b>Describe medical needs and give details of symptoms</b>	

**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/carer 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/carer name	Signature	Date
Key person's name	Signature	Date
Setting manager's name	Signature	Date

- **Copies circulated to:**
- Parents/carers
- Child's personal records (with registration form)
- GP/Consultant – if required