

## Children's Health

Little Learners promotes the good health of children attending our nurseries. This policy details our procedures for:

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### 1. Administering Medicines

#### 1.1 Policy Statement

These procedures are written in line with guidance in Managing Medicines in Schools and Early Years Settings. The Nursery Manager is responsible for ensuring all staff understand and follow these procedures.

While it is not our policy to care for sick children, who should stay at home until they are well enough to return to the nursery, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness or, taken ill whilst at nursery.

In many cases, it is possible for a child's GP to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the nursery. If a child has not had a medication before, especially a baby or child under two, it is advised that the child is kept at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.



A first aid trained member of staff is responsible for the correct administration of medication to children for whom they caring for. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures.

## Our Procedures

- a) Children taking prescribed medication must be well enough to attend the nursery.
- b) Only medication prescribed by a doctor (or other medically qualified person) can be administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- c) Children's paracetamol and Ibuprofen (un-prescribed) is only administered for children with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- d) Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to children.
- e) Medicine, both prescription and non-prescription, will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer before the medication is administered.
- f) The member of staff receiving the medication must ask the parent to sign an Administering Prescription/Non-Prescription Medicine form that states the following information:
  - the full name of child and date of birth
  - the name of medication and strength
  - who prescribed it
  - the dosage to be given in the nursery
  - how the medication should be stored and its expiry date
  - any possible side effects that may be expected
  - the signature of the parent, their printed name and the date.
- g) No medication may be given without the above details being provided.
- h) The administration of medicine is recorded on an Administering Prescription/Non-Prescription Medicine form each time it is given and is signed by a member of staff and a witness who has double checked the medicine and dose and seen the member of staff administer it.
- i) Parents/carers will be informed that medication has been administered on the same day, or as soon as reasonably practicable. They are shown the administration form at the end of the day and asked to sign the form to acknowledge the administration of the medicine. The medication form records the:
  - name of the child
  - name and strength of the medication
  - date and time of the dose
  - dose given and method
  - signature of the first aider/witness
  - parent's signature.

## 1.2 Storage of Medicines

- a) All medication is stored safely and refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- b) Practitioners in the child's room are responsible for ensuring the medicine is handed back at the end of the day to the parent.
- c) For some conditions, medication may be kept in the nursery to be administered on a regular or, on an as-and-when- required basis. Key persons check that any medication held in the nursery is in date and return any out-of-date medication back to the parent. Parents sign a long-term consent form for regular medicines e.g. asthma pumps to be administered, and then asked to sign the administration of medication record at the end of the day, if the child has had the medicine that day.
- d) If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- e) If rectal diazepam is given, another member of staff must be present and must co-sign the record form.
- f) No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

## 1.3 Children Who Have Long-term Medical Conditions and Who May Require On-going Medication

- a) A risk assessment is carried out for each child with long-term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- b) Parents will also contribute to a risk assessment. They should be shown around the nursery, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- c) For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- d) The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- e) The risk assessment includes arrangements for taking medicines.
- f) On outings, advice is sought from the child's GP if necessary where there are concerns.
- g) A health care plan for the child is drawn up with the parent. The plan outlines the key person's role and what information must be shared with other staff who care for the child.
- h) The health care plan should include the measures to be taken in an emergency.
- i) The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- j) Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

## 1.4 Managing Medicines on Trips and Outings

- a) On outings, children with risk assessments will, wherever possible, be accompanied by the child's key person, or another member of staff who is fully informed about the child's needs and/or medication.
- b) Medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- c) On returning to the nursery the card is stapled to the medicine record [book form](#) and the parent signs it.
- d) If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- e) As a precaution, children will not eat when travelling in vehicles.

## 1.5 Paracetamol and Ibuprofen

- a) We keep a bottle of children's paracetamol and ibuprofen for emergency purposes at each of our nurseries.
- b) Parents sign a medication permission form upon entry to the nursery.
- c) Parents will be phoned if it is considered that the child requires either one.
- d) Where the Nursery Manager, or senior in charge, cannot contact a parent/carer, they will take the decision as to whether to administer (usually due to high temperature).

## 2. Allergies

At Little Learners we are aware that children may have or develop an allergy resulting in an allergic reaction. Our aims are to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

### Our Procedures

- a) Our staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis.
- b) We ask parents to share all information about allergic reactions and allergies on their child's registration form. Where a child has a known allergy, the Nursery Manager will carry out a full Allergy Risk Assessment Procedure that details the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.

- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review.
  - This form is kept in the child's personal file and a copy is displayed where staff can see it.
  - Parents train staff in how to administer special medication in the event of an allergic reaction.
- c) We share all information with all staff and keep information about allergies in each room in the nursery, and the kitchen.
- d) All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts.
- e) Generally, no nuts or nut products are used within the nursery.
- f) Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.
- g) The nursery manager, nursery cook and parents will work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include designing an appropriate menu or substituting specific meals on the current nursery menu.
- h) Seating will be monitored for children with allergies. Where appropriate, staff will sit with children who have allergies and, where age/stage of development is appropriate, staff will discuss food allergies and the potential risks.
- i) Risk assessments will be completed for babies with food allergies.
- j) If a child has an allergic reaction e.g. to food, a bee or wasp sting or plant, a first-aid trained member of staff will act quickly and administer the appropriate treatment. We will inform parents and record the information in the incident book and on the central children's record.
- k) If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.

### 3. First Aid

It is Little Learners policy to exceed the requirements of the EYFS in respect of paediatric first aid training (PFA).

All staff employed in the setting, including newly qualified practitioners who have completed an Early Years level 2 and/or level 3 qualification on or after 30 June 2016, hold a current PFA certificate. A qualified PFA will accompany children on outings. We update PFA training every three years, or more frequently if required, and ensure that new practitioners who do not hold this qualification complete the training within three months after starting at the setting.

We introduced a due diligence process in April 2017 on PFA training providers to ensure that the training provider is competent and that the training they provide is fit for purpose.

Our staff take action to apply first aid treatment in the event of an accident involving a child or adult.

### 3.1 The first aid kit

- a) Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:
- Triangular bandages (ideally at least one should be sterile) x 4
  - Three of each sterile dressings in sizes small, medium and large
  - Composite pack containing 20 assorted (individually-wrapped) plasters x 1
  - Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2
  - Container of 6 safety pins x 1
  - Guidance card as recommended by HSE x 1.
- b) In addition to the first aid equipment, each box is supplied with:
- 1 pair of disposable plastic (PVC or vinyl) gloves
  - 1 plastic disposable apron
  - A children's thermometer
  - Children's paracetamol.
- c) The first aid box is easily accessible to adults and is kept out of the reach of children.
- d) Unprescribed medication may be administered if witnessed by two staff members and will only be children's medicine i.e. paracetamol or ibuprofen. Parents will be contacted for authorisation but in the event that they cannot be contacted a decision will be taken by the manager about administration.
- e) Parents will sign a consent form allowing this upon the child's entry to nursery.
- f) At the time of each child's admission to the nursery, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.
- g) Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

### 4. Infection Control

At Little Learners we promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus that is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

#### Our Procedures

We follow the guidance below to prevent a virus or infection from moving around the nursery. Our staff:

- a) Encourage all children use tissues when coughing and sneezing to catch germs.
- b) Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of.
- c) Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy.



- d) Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff must dispose of these in the appropriate manner and wash their hands immediately.
- e) Clean and sterilise all potties and changing mats before and after each use.
- f) Clean toilets at least daily and check them throughout the day.
- g) Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
- h) Clean all toys, equipment and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser or through washing in the washing machine.
- i) Wash or clean all equipment used by babies and toddlers as and when needed including when the children have placed it in their mouth.
- j) Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children.
- k) Store toothbrushes (where applicable) hygienically to prevent cross-contamination.
- l) Immediately clean and sterilise (where necessary) any dummy or bottle that falls on the floor or is picked up by another child.
- m) Wash bedding daily.
- n) Ask parents and visitors to remove all outdoor footwear or use shoe covers when entering rooms where children may be crawling or sitting on the floor.
- o) Where applicable wear specific indoor shoes or slippers whilst inside the rooms and make sure that children wear them as well.
- p) Follow the sickness and illness procedures when children are ill to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are contagious.

In addition:

- a) The Nursery Manager retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.
- b) Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
- c) Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises.
- d) The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

## 5. Managing Sickness and Illness

At Little Learners we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers.

## Our Procedures

In order to take appropriate action of children become ill and to minimise the spread of infection we implement the following procedures:

- a) If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible.
- b) We follow the guidance provided by Public Health England in Guidance on Infection Control in Schools and other Child Care Settings and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery.
- c) If a child develops a high temperature between 38-39C (101.4- 102.2F), we will contact their parents to ask permission to administer Calpol. We will then monitor the child for 30 minutes, if the temperature remains the same or rises, the child will then be sent home. If a child develops a high temperature between 39-40C (102.2 – 104F), we will contact the parents for them to collect immediately, We request that children who go home with a high temperature do not return to nursery for 24 hours. Whilst we appreciate that it can be a difficult time for working parents, we have to take into consideration the health and well-being of all of the children who attend the nursery.
- d) The child's temperature is taken using an ear thermometer kept in the first aid box. The temperature is taken in both ears to give a clear indication of the correct temperature.
- e) A child with a high temperature will be encouraged to drink plenty of fluids and we will avoid bundling them up in too many clothes or bedclothes.
- f) We may administer paracetamol or ibuprofen if we deem this is necessary once spoken to the Nursery Manager/ person in charge. Administration will be witnessed by two members of staff and recorded. Parents will be asked to sign to confirm they have been informed of any medication administered.
- g) In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- h) Parents are asked to take their child to the doctor before returning them to Little Learners.
- i) Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours.
- j) We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- k) We exclude all children on antibiotics for the first 48 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions e.g. asthma and the child is not unwell) This is because it is important that children are not subjected to the rigours of the nursery day, which requires socialising with other children and being part of a group nursery, when they have first become ill and require a course of antibiotics
- l) We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.
- m) Parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, they must inform the nursery so that other parents can be alerted to check their child's hair.



## 5.1 HIV/AIDS/Hepatitis

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

### Our Procedures

- a) 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.
- b) Protective single use vinyl gloves are used for cleaning/slucing clothing after changing.
- c) Soiled clothing is rinsed and either bagged for parents to collect or laundered in the nursery.
- d) Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of with clinical waste.
- e) Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

## 5.2 Meningitis Procedure

If a parent informs the nursery that their child has meningitis, the Nursery Manager will contact the Infection Control (IC) Nurse for their area. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

## 5.3 Oral Medication

- a) Asthma inhalers are now regarded as 'oral medication' by insurers.
- b) Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- c) The nursery must be provided with clear written instructions on how to administer such medication.
- d) All procedures will be adhered to for the correct storage and administration of the medication.
- e) The nursery must have the parents or carers prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

## 6. How we record and report Accidents and Incidents

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

## 6.1 Accident Forms

Our accident forms are:

- kept in a safe and secure place
- accessible to staff and volunteers, who all know how to complete it
- reviewed at least half-termly to identify any potential or actual hazards.

## 6.2 Reporting Accidents and Incidents to Ofsted

a) We notify Ofsted as soon as is reasonably practicable, but within 14 days of an incident occurring that involves:

- the death of a child in our care
- a serious accident or injury to, or serious illness of, a child in our care and the action we take in response
- food poisoning affecting two or more children looked after on our premises.

b) The definition of minor accidents and serious accidents, illnesses and incidents are shown in the table below:

Definition of a minor injury	<ul style="list-style-type: none"> <li>• sprains, strains and bruising</li> <li>• cuts and grazes</li> <li>• wound infections</li> <li>• minor burns and scalds</li> <li>• minor head injuries</li> <li>• insect and animal bites</li> <li>• minor eye injuries</li> <li>• minor injuries to the back, shoulder and chest.</li> </ul>
<p>Note: we are not required to inform Ofsted of minor injuries, but they do require us to keep a record of these incidents.</p>	

Definition of a serious accident	<p>Where a child in our care is taken to hospital (to an Accident and Emergency Department for more than 24 hours), either directly from our nursery, or later, as the result of something that happened while the child was in our care.</p>
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<p>Definition of a serious incident</p>	<ul style="list-style-type: none"> <li>• broken bones or a fracture</li> <li>• loss of consciousness</li> <li>• pain that is not relieved by simple pain killers</li> <li>• acute confused state</li> <li>• persistent, severe chest pain or breathing difficulties</li> <li>• amputation</li> <li>• dislocation of any major joint including the shoulder, hip, knee, elbow or spine</li> <li>• loss of sight (temporary or permanent)</li> <li>• chemical or hot metal burn to the eye or any penetrating injury to the eye</li> <li>• injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours</li> <li>• any other injury leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours</li> <li>• unconsciousness caused by asphyxia or exposure to harmful substance or biological agent</li> <li>• medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin medical treatment where there is reason to believe that this resulted from exposure to a biological agent, or its toxins, or infected material.</li> </ul>
<p>Food poisoning</p>	<p>Reportable if two or more children have been affected by food poisoning.</p>

### 6.3 Reporting to the Local Authority and RIDDOR

- c) Local child protection agencies are informed of any serious accident or injury to a child, or the death of a child, whilst in our care and we act on any advice given by those agencies.
- d) Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health department.
- e) We meet our legal requirements in respect of the safety of our employees and the public by complying with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). We report to the Health and Safety Executive:
  - any work-related accident leading to an injury to a child or adult, for which they are taken to hospital
  - any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days
  - when a member of staff suffers from a reportable work-related disease or illness
  - any death, of a child or adult, that occurs in connection with activities relating to our work
  - any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done, such as a gas leak.
  - information for reporting incidents to the Health and Safety Executive is provided in the Pre-School Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).



- The nursery manager is responsible for reporting accidents/incidents notifiable under RIDDOR.

#### 6.4 Emergency Plan

- a) We have a written emergency plan in place that details what we will do in the event of a major incident.
- b) We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas, electric, emergency services and a carpenter and plumber. Where we rent premises, we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- c) We keep an incident form for recording major incidents, including those that are reportable to the Health and Safety Executive as above.
- d) These incidents include:
  - a break in, burglary, or theft of personal or nursery property
  - an intruder gaining unauthorised access to the premises
  - a fire, flood, gas leak or electrical failure
  - an attack on member of staff or parent on the premises or nearby
  - any racist incident involving staff or family on the nurseries premises
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises
  - the death of a child or adult
  - a terrorist attack, or threat of one.
- e) On the incident form we record the date and time of the incident, nature of the event, who was affected, what was done about it, if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- f) In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and
- g) Emergency Evacuation Policy will be followed, and staff will take charge of the children in their room. . The incident is recorded when the threat is averted.
- h) In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, the emergency services are called, and the advice of these services is followed.
- i) The incident form is not for recording issues of concern involving a child. This is recorded in the child's own file.

#### 7. Sun Protection

It is nursery policy that all children should access the garden at some point during the day.

During hot periods it is important that Little Learners ensures children's needs are met at all times. We will continue to use outdoors spaces such as gardens and parks, although this will be reduced if there is no shade available.



**Below are a number of ways we manage children's needs during hot spells:**

- a) We ensure a high factor; reputable sun lotion is worn at all times.
- b) We ensure children wear hats.
- c) We reduce time outside.
- d) We avoid the hottest times during the day.
- e) We provide additional canopies for shade.
- f) We use cool bags for water beakers.
- g) We keep children well hydrated.
- h) We ensure windows are open at all times.
- i) We provide water to play with.

Parents are asked to give written permission for nursery sun lotion to be applied for their children during the summer months.

Little Learners will provide a known brand of sun lotion for the children (see photo above). This will be a minimum of factor 50. If parents have concerns over the brand used they must provide their own clearly labelled with the child's name.

Sun lotion will be applied at least 15 minutes before the children go out by staff. Children themselves will help where they are able to do so. Sun lotion will be reapplied every 3 hours or earlier if the child has contact with water. Staff still need to reapply the sun lotion even if they sun lotion states it is waterproof.

Little Learners will replenish the nursery sun lotion every year with a new batch.

In order to maintain temperatures within the rooms, most rooms have air conditioning or a fan which can be used throughout the day.

We will only ever close the nursery if we are instructed to do so, or we unable to meet the needs of the children for whatever reason.

## **8. Transporting Children to Hospital Procedures**

The Nursery Manager/staff member must:

- a) Not attempt to transport a sick child to hospital in their own vehicle.
- b) Call an ambulance to transport a child to hospital in the case of sickness or an allergic reaction that is severe.
- c) Must call a taxi to transport a child to hospital in non-severe cases.
- d) Whilst waiting for the ambulance or taxi, staff must contact the parent(s) and arrange to meet them at the hospital.
- e) Arrange for the most appropriate member of staff to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter.
- f) Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
- g) Inform a member of the management team immediately.



- h) Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the accident.

This policy meets the requirements of the Statutory Framework for the EYFS 8<sup>th</sup> December 2023.

Date policy last reviewed/updated	20 <sup>th</sup> June 2024	Reviewed by	Terri Noone, Senior Nursery Manager Terri Stanley, Acting Trainee Nursery Manager
Date of next review/update	June 2025		

