



Health, Safety and Wellbeing Policy

	Date	Date	Date	Date	Date
Revision History	09/2019	05/22	06/22	11/22	07/23

Policy Statement:

At Old Basing Village Nursery School the health, safety and wellbeing of children is paramount; the setting adopts a preventative approach to health and safety. We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. All Staff at Old Basing Village Nursery School hold a full and relevant Paediatric First Aid Certificate which has equipped them with the skills to administer first aid in a timely and competent manner.

Procedure:

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

8.1 Allergy and Intolerance

When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form and added to the child's account on our nursery Family app.

If a child has an allergy, we complete a risk assessment form to detail 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 measures. This risk assessment form is kept in the child's personal file and a copy is displayed where [our staff/I] can see it.

The setting is a 'nut free' setting. 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, for example to celebrate a birthday.

Allergy and intolerance information is kept central on the nursery's Family management app and is held in paper in the kitchen file. In the event that a child appears to have experienced an allergic reaction, practitioners will contact the parents to discuss the

symptoms. In the case of an unknown reaction, the parent will be called and asked to seek guidance from their GP. The child will be re-admitted once the cause of the reaction has been established and their nursery notes will be updated accordingly.

8.2 Procedures for children who are sick or infectious

If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – a member of staff will call the parents and ask them to arrange for the child to be collected (by either themselves or an emergency contact).

1). If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts. The child's temperature is taken using a battery operated thermometer. If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child and are expected to collect their child at the earliest convenience.

2). In extreme cases of emergency, an ambulance is called and the parent informed.

3). Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Where children have been prescribed antibiotics for an infectious illness or complaint, they can continue to attend if they are well enough to partake in a normal nursery day and if they have had a normal temperature for at least 48 hours. Named prescribed medication can be administered by staff following the completion of a form on the family app. After diarrhoea or vomiting, we ask that parents keep children home for 48 hours following the last episode. Children must also not attend the setting within 48 hours of a high temperature.

The setting will always follow up to date government guidance in relation to managing illness, diseases and infections and did so throughout the COVID 19 pandemic.

Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak. We have a list of excludable diseases and current exclusion times. During the COVID-19 pandemic, the resources used were adapted to reduce the potential for the virus to spread (e.g. removal of dressing up outfits and other soft furnishings that are harder to clean).

The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles. If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England. When we become aware, or are formally informed of the notifiable disease, [our registered setting manager informs Ofsted and contacts Public Health England, and act[s] on any advice given.

8.3 Administering Medicines

Providers must have and implement a policy, and procedures for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up to date.

Oral and topical medication

Oral medications (including asthma inhalers) must be prescribed by a GP (with the child's name labelled) and have manufacturer's instructions clearly written on them. We must be provided with clear written instructions on how to administer such medication. We will not admit a child into the setting if they require medication that does not meet these requirements. Medicines are stored in a locked container (see risk assessment procedure). Parents are required to give consent for the administration of medicine via our

Famly app. This consent must be kept on file. The following conditions are in place regarding children requiring medication whilst attending the setting:

- Children taking prescribed medication must be well enough to attend OBVNS.
- Only prescribed medication, including asthma inhalers are administered. Medication must be prescribed by a GP, dentist, nurse or pharmacist and prescribed for the current condition
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- Children's prescribed medicines are stored in their original containers, are clearly labeled and are inaccessible to the children.
- All medicines are either stored on the top shelf of the fridge (for those requiring refrigeration) or kept in a lockable cabinet.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and accessible to staff.
- We must be provided with clear written instructions on how to administer such medication.
- We must have the parent/carer prior written consent before administering any medication to a child.
- A medication permission is devised on Famly for a new course of medication. This is a written permission (forming part of the Famly App's nursery permissions) which must be completed and signed by the parent/carer. A new permission request must be created for each new medicine. For children taking or applying medicine on a longer term basis (for example a hayfever medication or cream), the parent will be asked to update the status of the condition on a half-termly basis.
- The staff receiving the medication must ask the parent/carer to sign a medication consent form stating the following information:
 - Full name of child and date of birth
 - Date and time of last dose
 - Name of medication
 - Who prescribed it
 - Dosage to be given whilst the child is attending OBVNS
 - How the medication should be stored
 - Any possible side effects that may be expected should be noted
 - Signature, printed name of the parent/carer and date

Antibiotics

A child must not attend nursery until 48 hrs after taking an antibiotic for the first time. A child must be well in themselves before they return to nursery following the 48hrs.

Administration of Liquid Paracetamol

The administration of liquid paracetamol is in cases of emergency only.

Consent from parents/carer is sought prior to their child starting with us and a signed form is completed, giving permission.

We do not routinely administer liquid paracetamol. If a child is unwell and unable to participate in the daily running of the setting, the parent/carer will be contacted with the expectation that the child will go home. If, in the case of a parent being some distance away, the child's temperature is high or in another emergency situation (such as a severe head injury), paracetamol will be administered and parental permission will be sought immediately (in the case of an emergency, this may be requested over the telephone).

Parents should not give children liquid paracetamol at the start of the day to mask symptoms and may be refused entry if this is the case.

8.4 Life-saving medication and invasive treatments

These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy). We must have a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered and written consent from the parent or guardian allowing our staff to administer medication. Before caring for a child who may require life-saving medication, the management team will liaise with the child's Health Visitor or General Practitioner to organise training in the administration of such medication. Evidence of this training is held in staff files and on the nursery Family app. Information regarding life-saving medication may be requested by the nursery insurer; information is shared in accordance to our data handling and GDPR procedures.

8.5 Children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc

Old Basing Village Nursery School will seek to gather as much information about a child who requires special assistance as possible. This may include additional home-visits, liaison with a health visitor or GP and further training for staff. Old Basing Village Nursery School will work to provide an inclusive experience for all children. However, in the case of special assistant, the nursery reserves the right to delay entry until a care plan is in place and agreed by all parties.

Before a child can be left unaccompanied by a parent or carer the following procedure must take place:

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's.
- The key person plus one other member of staff must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- The nursery insurer will be contacted and the circumstances discussed. Copies of all letters relating to these children may be requested for appraisal. Written confirmation that the insurance has been extended will be issued by return. If we are unsure about any aspect, we will contact our insurers (The Early Years Alliance).

8.6 Recording the administration of medicine

The administration of medicine is recorded accurately on the Family App each time it is given. The dose is measured into the dispensing tube and checked by a second member of staff before being administered to the child. The parents/carers will be asked to acknowledge the record of administered medication via the Family App.

The medication record form will include the following information:

- Name of child
- Name of medication
- The date and time of dose
- Dose given and method
- It will be signed by the person who has administered the medicine and by the witness

8.7 Managing medicines on trips or outings

If children who require long term medication are going off premises, staff accompanying the child must include a person who is trained to administer their medication (usually the child's key person) with a risk assessment. Where it is not practically possible for the child's key person to accompany the child, another member of staff who is fully informed (and trained where necessary) about the child's needs and medication will accompany the child. The risk assessment should be checked to ensure that it covers any risks associated with the outing. Medication for a child is taken in a sealed plastic box labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form. The setting mobile phone has access to the Family App which will be referred to in the event that a child requires medication whilst on a trip. When medicine is administered, practitioners will record

the time that the medication was administered, including who administered and who in the same way that they would in the setting.. Parents/carers will be required to acknowledge the administration of medicine on the Family App.

8.8 Recording and Reporting of Accidents and Incidents

Old Basing Village Nursery School follows 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. We are required to keep written records of accidents or injuries and first aid treatment.

Accidents

Our accident book is stored electronically via the Family App software. A list of accidents, dates and any action taken is accessible to our staff and volunteers when they log in to their Family account and through the Little Owls or Owlets log in. These accounts are password protected and secure. As part of induction procedures, staff are trained in recording accidents via the Family App. The App can be accessed on the setting mobile phone which has WiFi.

For everyday bumps and grazes, the practitioner will administer the first aid treatment required and record this (once the child has returned to play) on the nursery Family app; taking note of the time of injury and circumstances. This includes recording details the injury on a body map (photos of injuries will not be taken or shared with parents). On some occasions, the practitioner will send a personal message in addition to the notification or will telephone the parents where necessary.

The accident record is reviewed once a half-term (or as and when appropriate) to identify any potential or actual hazards.

Food Poisoning

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department and the nursery caterer. We meet our legal requirements in respect of the safety of our employees/my safety and the public by complying with RIDDOR.

We report to the Health and Safety Executive (HSE):

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
- Any work-related accident leading to a specified injury to one of our employees.
- Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days.
- All work-related injuries that lead to [one of our employees being incapacitated for three or more days are recorded in our accident book.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death of a child or adult, that occurs in connection with a work-related accident.
- 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 as an incident on our nursery Family App.

Notifying Ofsted and the Local Authority (Hampshire County Council)

The team use the Early Years Foundation Stage Framework to determine the threshold for reporting accidents and incidents. Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:

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

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

8.9 First Aid Kits

The main setting First Aid kit is stored in the main hall on the office unit. The first aid kit is replenished regularly and following any change in procedure or legislation. The First Aid kit must not contain any medication or creams (including emergency liquid paracetamol). The First Aid Kit has been devised to comply with the requirements outlined in the EYFS and following guidance from TigerLily Training.

Emergency gel compresses are kept in the setting. These compresses can be 'snapped' in an emergency and applied. These are stored with the first aid kit.

First Aid kits are checked and updated as part of the setting risk assessments.

8.10 Nappy Changing (Including Intimate Care) Policy

Staff are familiar with the hygiene procedures and carry these out when changing nappies or clothes. Practitioners ensure that nappy changing is relaxed and a time to bond and develop language skills. Staff are gentle when changing; they avoid making inappropriate comments about the children's genitals, pulling faces or making inappropriate comments about 'nappy contents'. Privacy screens are used to ensure children have privacy.

Practitioners must ensure that changing facilities are suitable and hygienic for changing any children who are in nappies; these checks are carried out as part of the daily risk assessment. The nappy changing procedure is displayed adjacent to the nappy changing station in the cloakroom area and forms part of induction training (see document below).

No child is excluded from participating at our setting, for any reason and we will admit all children including those who may not be toilet trained or who may still be wearing nappies. Old Basing Village Nursery School work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

Children who are in nappies, or have 'accidents' of a personal nature, will require intimate care which is defined as 'care of an intimate nature associated with bodily functions, bodily products and personal hygiene which demands direct or indirect contact with, or exposure of the genitals'. Adults who are permitted to undertake personal care are defined in our Safeguarding policy.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained or those children within our setting who from time to time have accidents. All staff are sensitive to the needs of the individual child and great care will be taken to avoid any child feeling embarrassed. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. Parents are asked to provide nappies, wet wipes and any creams (labelled with their name) that their child will need.

Our younger children who are in nappies have a personal nappy roll containing their own changing mat, nappies and wipes.

Frequency of Nappy Changes

We do not operate an allocated time system whereby all children are changed at set times. Children are treated as individuals and their needs are catered for accordingly to ensure they remain comfortable throughout the day.

As a guide, children should be changed or checked every two hours unless needed beforehand. Nappy changing is normally undertaken by the child's key person if available, but always by a familiar adult.

Privacy

All children are changed discreetly within sight or sound of another adult. Changing areas are warm and there are safe areas to lay young children whilst they have their bottoms cleaned and their nappies changed. Where a nappy is changed in the main setting room, and not the changing room, practitioners will follow the same procedure for nappy changing but may use a room divider to give the child more privacy. It is a practitioners responsibility to alert the team to a nappy change taking place so that they can assist in ensuring privacy is maintained.

Nappy Changing Procedure

As part of a child's physical needs, we work in partnership with parents to ensure that each child is comfortable throughout their time in our care. Our nappy changing policy is in place to aid this.

We ask that parents:

- Ensure their child arrives in a clean / dry nappy on arrival wherever possible
- Provide a daily supply of nappies, wipes and any necessary cream (labeled)
- Provides a supply of training pants for potty training
- Keeps us updated with regard to potty training progress so that we can provide continuity

We will ensure that:

- Each child is comfortable and has their nappy changed regularly
- Children are encouraged to use the potty or toilet where they show an interest in it
- Nappy changing is carried out in a discrete manner and away from view of other children
- We clean the changing mat area after each child using a suitable disinfectant cleaner and place a paper towel down on the mat before lying them down.
- We wash our hands thoroughly before and after changing with soap. Liquid hand sanitiser is also available for staff to be used in addition to (and not instead of) soap.
- We support the child to their hands using soap.
- We return any soiled clothes or pants in a nappy bag
- We ensure that our changing table is safe and change any child heavier than the weight restriction on a mat in a safe place on the floor
- We engage children as much as possible in the experience - through singing songs, talking and encouraging them to assist
- We use gloves and aprons to change nappies where there is a risk of splashing or contamination of bodily fluids.

Disposal of nappies:

- Wet nappies are disposed of in the nappy bin provided
- Soiled nappies are bagged and disposed of in the nappy bin provided
- Soiled clothing is bagged and sent home. Practitioners will inform parents on collection or via Family.

Using the toilet

Children are encouraged to use the toilet, or a potty, when they show an interest in this. Practitioners will liaise with parents regarding toilet use. Steps, toilet seats and potties are readily available in all toilet areas; these are inspected and cleaned on a daily basis. If a toilet or step is broken, it will be disposed of and replaced.

Older children access the toilet when they have the need to and are encouraged to be independent. Staff will assist older children as required. There are potties in the hall for children who are just learning how to use the toilet.

Children who are generally out of nappies and who have had an accident are changed discreetly with care being taken not to let the child feel embarrassed. If a child continually has accidents and this is causing disruption to their learning, the practitioner will liaise with the child's parents to work towards some strategies to support them. A practitioner may also suggest a parent visits the Health Visitor or GP should this persist.

Washing and bathing

Children are cleaned carefully and sensitively using baby wipes generally. On rare occasions it may be necessary for a child to be bathed. In these circumstances, the key worker will liaise with the parents about the possibility of the child being collected to be bathed in comfort at home.

If young children are left in wet or soiled nappies/'pull ups' this may constitute neglect and will be a disciplinary matter and action will be taken by the management team. We have a 'duty of care' towards children's personal needs.

Should the nappy bin become full, the management team will contact the Old Basing Village Hall Management Committee to arrange for its disposal.

8.11 Food Hygiene and Healthy Diet

At OBVNS, we regard snack and meal times as an important part of the day. Eating represents a social time for children and adults and help children learn about healthy eating, as well as learning social skills. At snack and meal times, we aim to provide nutritious, healthy food. Parents are required to provide children with a healthy packed lunch each day.

Children are provided with a mid-morning snack and, if they stay for the lunch session, a two course cooked meal. The snack comprises of a cracker or rice cake and a piece of fresh fruit / vegetable. Where possible, we offer children a choice between two fruit or vegetables and vary the snack offered throughout the week.

Our meals are provided by a specialist nursery caterer. Catered meals have been devised by the nursery cater to meet industry standards for a balanced and healthy diet. Meals arrive at 'ready to serve' temperature in insulated containers. On arrival, our lunchtime supervisor re-checks the temperature and records this. If a temperature is recorded below the caterer's threshold, the lunchtime supervisor will contact the caterer company to seek advice and guidance.

Temperature checking and reheating food

On rare occasions food may need to be reheated. All meals must be reheated in excess of 75 degrees celsius. Temperature is taken using a probe thermometer which is cleaned using an anti-bacterial cleaner between uses. Where possible, a child will be roused from a nap for lunch; this avoids the need to reheat any food that has cooled.

The kitchen supervisor checks and records the temperature of the fridge each day.

Food Hygiene Training

Our nursery lunchtime supervisor has undertaken nursery food standards and hygiene training and is responsible for maintaining a clean and hygiene food service / preparation area as per the setting's risk assessment.

Healthy Eating

We follow the following procedures to promote healthy eating at OBVNS.

- All staff preparing fruit and snacks will receive training in food hygiene and will comply with the Safer Food Guidance policy and procedures.
- Upon registration, we find out from parents their children's dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records are correct. We ask parents to keep us informed and updated as to their children's dietary needs, including any allergies their child may have. Parents sign the up-dated record to signify that it is correct.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We provide nutritious food for any snacks and a fruit basket which is readily accessible to the children.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children.
- We inform the children about how to obtain the water and that they can ask for water at any time during the day. At snack times we offer children the choice of water or milk
- For children who drink milk, we provide semi skimmed milk.
- We organise meal and snack times so that they are social occasions in which children and staff participate. Whenever possible, staff sit with the children to eat their lunch.
- If we are aware of food poisoning affecting two or more children cared for by us, we must notify Ofsted as soon as reasonably practicable, but in any event within 14 days.

Packed Lunches

Children who attend between the hours of 12.00-13.00 will have a cooked meal provided for them by our nursery caterer. The nursery caterer is able to meet any dietary need or requirement including (and not limited to); vegan, vegetarian, Halal, dairy-free, egg-free, nut free. Parents are asked to provide us with any new dietary requirements as soon as they can so that the food order can be amended immediately. At present, the setting does not have the facilities to store packed lunches.

Displaying dietary needs and requirements

We display current information about individual children's dietary needs in the kitchen file so that all staff are fully informed and aware of them. Labels for special diets are kept and used to assist in serving special diet meals to the children.

8.12 Sleeping and Rest

All of the children attending OBVNS will be given the opportunity to rest after their lunch each day; rest time usually takes place in the cosy corner where the children share books. The cosy area is available for children to use at any point in the day when they are feeling tired or the need to rest.

Owlets

After lunch, the Trevor Dyer room is set up ready for rest time; the curtains are closed and sleep mats are laid out for those who require them. We ask that parents provide a named sheet for their child, along with a blanket and comforter. Children are encouraged to rest here with a practitioner who may sing to them, rock them or pat their back to nurture sleep. Where possible, practitioners will apply similar routines for sleep as those children are used to at home. There is a travel cot available for 1 year olds; where used, the travel cot must be assembled in line with manufacturer's instructions with a fitted travel cot sheet (provided by parents):

- Staff will organise a mat for each child, with their blanket and any comfort teddies that are packed in their bag.
- Children are not placed next to warm radiators or heaters.
- The temperature of the room is kept between 16 – 20 degrees Celsius.
- Pillows are not used.
- The condition of sleep mats are checked regularly.
- Parents are informed of the children's sleep times each day - usually verbally
- Calming music and/or a calming ceiling projection is played
- The lights are switched off to encourage peace and rest

If a parent wishes a more detailed summary, a sleep log can be maintained via the Family App.

The setting owns two well-maintained double buggies; these are used for local walks. However, at times, parents may request that their child is put to sleep in a buggy. We request parental permission to use a buggy for sleep. When buggies are used for sleep;

- The back rest must lie flat
- Children must be securely strapped in
- The brake is put on the buggy
- The child must not be put to sleep with excessive layers
- The child is checked by an adult every 10 minutes

Little Owls

Calming music is played in the Main Hall for children who are having quiet time. Quiet time is an important part of our daily routine and lasts for approximately half an hour each day.

8.13 Dealing with blood, vomit or faeces

Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Bag soiled clothing for parents to take home for cleaning. Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.

Tables, toys or and surfaces affected by the spill must be cleaned with a disinfectant solution which has been prepared in accordance with the manufacturer's guidance.

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.

8.14 Nits and head lice

Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared. On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice. Practitioners act with sensitivity when a child presents with nits / head lice and will ensure that the child is not singled out or made to feel uncomfortable.

EYFS Requirements:

3.44.The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill⁴⁹.

3.45.Providers must have and implement a policy, and procedures for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

3.46. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

3.47.Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible at all times. Providers must record and act on information from parents and carers about a child's dietary needs.

3.48.There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment for babies' food. Providers must be confident that those responsible for preparing and handling food are competent to do so. In group provision, all staff involved in preparing and handling food must receive training in food hygiene.

3.49.Registered providers must notify Ofsted or the childminder agency with which they are registered of any food poisoning affecting two or more children cared for on the premises. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident. A registered provider, who, without reasonable excuse, fails to comply with this requirement, commits an offence.

3.50.Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment. Providers must inform parents and/or carers of any accident or injury sustained by the child on the same day as, or as soon as reasonably practicable after, and of any first aid treatment given.

3.51.Registered providers must notify Ofsted or the childminder agency with which they are registered of any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken. Notification must be made as soon as is reasonably practicable, but in any event within 14 days of the incident occurring. A registered provider, who, without reasonable excuse, fails to comply with this

requirement, commits an offence. Providers must notify local child protection agencies of any serious accident or injury to, or the death of, any child while in their care, and must act on any advice from those agencies.

Safety 3.54. Providers must ensure that their premises, including overall floor space and outdoor spaces, are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. Providers must comply with requirements of health and safety legislation (including fire safety and hygiene requirements).

3.55. Providers must take reasonable steps to ensure the safety of children, staff and others on the premises in the case of fire or any other emergency, and must have an emergency evacuation procedure. Providers must have appropriate fire detection and control equipment (for example, fire alarms, smoke detectors, fire blankets and/or fire extinguishers) which is in working order. Fire exits must be clearly identifiable, and fire doors must be free of obstruction and easily opened from the inside.

3.56. Providers must not allow smoking in or on the premises when children are present or about to be present.