

HEALTH AND HYGIENE POLICY.(see also allergy policy, food and drink policy and safeguarding and child protection policy)

Please also refer to

**Health protection in children and young people settings, including education
September 2017**

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Notifiable diseases and causative organisms: how to report May 2010

<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Drug, Smoking and Alcohol Misuse Policy, Box safety policy, Administration of Medicines, Allergy Policy

Statutory Framework

Health Protection in education and childcare settings -1st April 2022

Health and Safety at Work Act 1974

Health and Safety (First Aid) Regulations (1981)

Control of Substances Hazardous to Health Regulations 2002(COSHH)

Food Hygiene (England) Regulations 2006

Manual Handling Operations Regulations 1992

Regulatory Reform (Fire Safety) Order 2005

RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The Early Years Foundation Stage (January 2024) (3.52, 3.53) says that 'the provider must promote the good health, including oral health of children they look after. They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This

procedure must also cover the necessary steps to prevent the spread of infection.

First Aid and Emergencies:

A correctly stocked first aid box will be available at all times. This will be regularly checked and any out of date or used items will be replaced immediately. A log book will be kept with the first aid box and will be signed and dated each time it is checked.

All staff are trained in Early Years Paediatric First Aid procedures in line with current legislation.

Adequate and appropriate first aid procedures will form part of the risk assessments and arrangements for outings from playgroup.

Any accident, however trivial, must be logged in the Accident Book and the Parent/Carers signature obtained on collection of their child. Information is given out with head injuries covering possible concussion.

Head injuries and significant injuries will be reported to the parent by the supervisor as soon as possible by telephone. The Parent/Carers signature must be obtained when they collect their child and the top copy of the logged details will be given to them.

Any incidents must be logged on the Incident form and the Parent/Carers signature must be obtained on collection of their child.

Accidents/Head Injuries or Incidents involving the staff will be logged in the appropriate book.

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 to, or serious illness of, a child in our care and the action we take in response; and,
- 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.

Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). 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; and,
- 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.

Our Incident Book

We have ready access to telephone numbers for emergency services, including the local police. We have contact numbers for the gas and electricity emergency services.

We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.

These incidents include:

- A break in, burglary, or theft of personal or the setting's 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 setting's 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.

In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also reported.

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 lockdown and Fire Safety and Emergency Evacuation Policy will be followed. The incident is recorded when the threat is averted.

In the unlikely event of a child dying on the premises, the emergency services will be called, and the advice of these services will be followed.

Procedures to be followed in the event of an accident:

In the case of a minor accident or sickness use appropriate PPE and dispose of waste appropriately. Record the entry in the Accident Book.

In the case of a serious accident or illness:

1. Administer first aid and telephone for ambulance if needed
2. Telephone the parents/carers
3. Arrange for staff to cover if a child has to be taken to hospital (be sure to take registration and consent forms if the Parents/Carers are unobtainable).
4. Report details on the accident/incident form IMMEDIATELY.

Illness

It is the responsibility of the Parents/Carers to ensure that playgroup staff are fully aware of any condition, illness or other factor which could affect a child's undertaking of activities at playgroup.

Children who are unwell should not be sent to playgroup. Playgroup reserves the right to not accept a child into a session if they are obviously unwell. If there is any doubt about a child's fitness the supervisor will telephone the parent/carer

to establish any contributing factors to their well being e.g. a late or disturbed night, any recent immunisations. The calls will be recorded in a log.

Any child or member of staff suffering from diarrhoea and/or sickness may not return to playgroup until at least 48 hours have elapsed since the last attack.

Any child with conjunctivitis may return to playgroup once treatment has started.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

We refer to the UKHSA exclusion table regarding exclusion times on any other infection/disease.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>

Parents/Carers of any child with obvious head lice may be telephoned and asked to collect their child immediately to minimise the risk of infecting other children-or adults. The child may return to playgroup once appropriate treatment has been given. (NB: Playgroup staff are unable to check for head lice without Parents/Carers consent).

Parents/Carers are asked to check their children regularly for head lice and for threadworm and not to send their child to playgroup until appropriate treatment has been given.

Whilst a sick child is awaiting collection by a Parent/Carer they should be kept away from the main group if possible, with an adult to keep them company. Appropriate PPE should be worn and the waiting area cleaned and disinfected afterwards.

Reporting of 'notifiable diseases'

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 the Health Protection Agency

When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency

Rest and Sleep

The Book Corner is a quiet, cosy area where children may go for some peace and quiet and/or to sleep.

Mats may be laid out to form a comfortable bed, and fleece blankets are available for extra warmth if required.

The area will be checked for hazardous items that could cause entanglement or suffocation.

Coats, hats and outdoor clothing will be removed before sleeping.

Staff in the preschool will position her/himself to be within sight and sound of the sleeping child/ren resting in the preschool area, and from where they can monitor the child/ren at sleep.

Sleeping child/ren will be checked on every ten minutes for warmth, breathing and general well being and this will be recorded in the sleep book.

If a child fall asleep in a buggy, car seat or on an adults lap they should be moved to a proper sleep surface.

Procedures for children with allergies (see also allergy policy)

When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form. An allergy action management plan will be put in place. A list of children with allergies is kept in the food diary and by the snack table. All staff refer to it before preparing snack and whilst delivering it. A log is signed to confirm that the allergen has been avoided at snack time.

If any medication is required, staff will receive the relevant training. At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing medicines in Schools and Early Years Settings* (DfES 2005).

Medicines

Please see Administration of Medicines Procedure.

Hygiene

Handwashing

Hand washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.

We ensure that staff and children have access to liquid soap, warm water and paper towels.

All staff and children should be advised to wash their hands:

Before

- Starting/finishing work
- Handling, preparing, serving or eating food, including preparing babies' bottles
- Giving medication to a child, or self
- Using a 'keyboard'

After

- Touching anything that may be contaminated, including soiled clothing
- Contact with blood or body fluids
- Using the toilet or helping a child on the toilet or potty
- Changing nappies (even when gloves are worn)
- During an outbreak of diarrhoea and/or vomiting in the setting

- Blowing or wiping runny noses
- Any cleaning procedure
- Handling pets, pet cages or related items
- Outdoor play activities
- After removing single use or other protective gloves

All cuts and abrasions should be covered with a waterproof dressing. Activities such as preparing and serving food, play dough, clay, gloop, sand or water play should be avoided by staff and children if they have open wounds on their hands. Lesions caused by skin conditions such as eczema may be particularly aggravated by such activities.

Alcohol hand gel can be used if appropriate hand washing facilities are not available but should not replace washing hands particularly if hands are visibly soiled or where there are cases of gastroenteritis (diarrhoea and vomiting) in the setting. Alcohol hand gel is not effective against norovirus

Practitioners should aim to keep their nails short and clean. False nails should not be worn because they can harbour germs and may come off without being noticed, which could potentially contaminate food or become a choking hazard for young babies.

Respiratory and cough hygiene

Coughs and sneezes spread diseases. Covering the nose and mouth during sneezing and coughing can reduce the spread of infections.

Spitting should be discouraged.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow [respiratory hygiene and cough etiquette](#), specifically:

- cover nose and mouth with a tissue when coughing and sneezing, and dispose of used tissue in non-healthcare risk waste bin and perform hand hygiene

- cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
- keep contaminated hands away from the mucous membranes of the eyes and nose
- carry out hand hygiene after contact with respiratory secretions and contaminated objects and materials

Toileting

Children must be monitored when using the toilet and hands must be washed after using the toilet. (No volunteers, students, visitors or Rota Parent/Carers are allowed into the toilet area with playgroup children).

We will consider children's privacy when changing nappies and toileting and balance this with safeguarding and support needs.

Soap or wipes, paper towels and a bin must be available at all times in the toilet area.

Toilets must be flushed after use and wiped as necessary.

Toilet seats, basins and surfaces must be disinfected daily.

If a child wets or soils themselves, disposable gloves must be worn when cleaning the child and floor if necessary. The clothing must be placed in a polythene bag.

Managing nappies

Children in nappies have a designated changing area in the toilet area of the setting which is away from play facilities and food and drink. Hand basins are available.

Staff should wash and dry their hands after every nappy change, before handling another child or leaving the nappy changing room.

Staff involved in managing nappies should:

- wrap soiled nappies in a plastic bag before disposal in the general playgroup waste
- clean children's skin with a disposable wipe (flannels should not be used)
- label nappy creams and lotions with the child's name and do not share with others
- wipe changing mats with soapy water or a mild detergent wipe after each use
- clean mats thoroughly with hot soapy water if visibly soiled and at the end of each day
- check mats weekly for tears and discard if the cover is damaged

The potties are cleaned in a designated potty cleaning bowl which is available in the toilet area. Disposable gloves should be worn to flush contents down the toilet. The potty should be washed in hot soapy water, dried and stored upside down.

Hands should be washed using soap and warm water and dried after removing disposable gloves.

Cleaning blood and body fluid spills

Any spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned immediately, wearing PPE. Use gloves and an apron if anticipate splashing and risk assess the need for eye protection.

Spillages must be cleaned using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed.

Use disposable paper towels or cloths to clean up blood and body fluid spills. These should be disposed of immediately and safely after use.

Managing cuts, bites, nose bleeds and bodily fluid spills including HIV/ AIDS/ Hepatitis procedure

HIV virus like other viruses such as Hepatitis A, B and C, are spread through body fluids.

Standard Infection Prevention and Control (SIPC) precautions should be used for everyone to reduce the risk of unknown (and known) disease transmission. [These include:](#)

- wearing gloves when in contact with any accident or injury (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron if possible
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keep the dressing clean by changing it as often as is necessary
- managing all spillages of blood or bodily fluids

If someone suffers a bite, scratch or puncture injury that may have introduced someone else's blood or experiences a splash of blood to the eye, area of broken skin or mouth, rinse well with water and seek medical advice.

Safe management of waste (including sharps)

We use a licensed waste management company to remove our waste.

Any used PPE and nappies should be placed in a refuse bag and disposed of as normal domestic waste. PPE should not be put in a recycling bin or dropped as litter.

Ventilation

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help remove air that contains virus particles and prevent the spread of COVID-19 and other respiratory infections.

We will keep occupied spaces well ventilated to help reduce the amount of respiratory germs by opening windows as necessary.

Cleaning

The playgroup seeks to prevent the spread of any infection by maintaining the cleanliness of the premises and equipment. This will be done by:

1. The Supervisor or the Deputy Supervisor will check that the playroom, toilet and kitchen areas are clean before the session starts.
2. There is a daily routine for cleaning the playroom, equipment/toys, toilet and kitchen areas.
3. There is a rota in place for the cleaning of equipment/toys, soft furnishings, aprons and dressing up clothes.

Surfaces will be washed with soapy water followed by antibacterial sprays. Resources will be sanitised using sterilising fluid.

Oral Health

We recognise that each year in Swindon and Wiltshire 1000 children have their teeth removed. Within Wiltshire 1 in 5 five year olds have some degree of dental decay. Teeth are needed to talk, eat smile and baby teeth are space maintainers for adult teeth

We will support oral health by:

- Encouraging parents to register with a dentist
- Giving information to parents about healthy food and drink choices.
- Encouraging children to brush their teeth twice a day through role play, stories and songs.

Sand Tray

Sand will be regularly checked and cleaned and will be replaced at least every three months or when visibly dirty.

Spilt sand will be thrown into the bin and will not be put back in the tray.

Appropriate sand especially for use by children will be used.

Food Handling

Staff responsible for handling and preparation of food are aware of and comply with all guidelines and regulations in this area.

There is an established routine for the preparation of daily snacks.

Temperature Control

See also sun protection policy for heatwave conditions and outdoor policy. The playroom is kept at between 16-20c and monitored by the use of room thermometers. Children must wear suitable clothing to access the outside.

Smoking

We follow a strict no smoking policy.