Safeguarding and welfare requirement: **Health**

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.

**6.1 Administering medicines**

**Policy statement**

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

In many cases, it is possible for children’s GP’s to prescribe medication 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 setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure no adverse effect as well as to give time for the medicine to take effect. We are flexible regarding our children with additional needs taking advice from the paediatric consultant.

These procedures are written in line with current guidance in ‘*Managing Medicines in Schools and Early Years Settings’;* the co-ordinator is responsible for ensuring all staff understand and follow these procedures.

The key person is responsible for the correct administration of medication to children whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the key buddy is responsible for the overseeing of administering medicines.

**Procedures**

* Children taking prescribed medication must be well enough to attend the setting.
* Only prescribed medication is administered. It must be in-date and prescribed for the current condition.
* Children’s prescribed medicines are stored in their original containers, are clearly labelled and inaccessible to the children.
* Parents give prior written permission for the administration of medicine. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details below being provided;
* Full name of child and date of birth;
* Name of medication and strength;
* Who prescribed it;
* Dosage to be given in the setting;
* How the medication should be stored and expiry date;
* Any possible side effects that may be expected should be noted; and
* Signature, printed name of parent and date.
* The administration is recorded accurately each time it is given and is signed by staff. Parents sign the form to acknowledge the administration of medicine. The medication form records:
* Name of child;
* Name and strength of medication;
* The date and time of dose;
* Does given and method; and is
* Signed by key person and witness, and is verified by parent signature at the end of day.

*Storage of medicines*

* All medication is stored safely in a locked cupboard or refrigerated as required. We have a designated shelf in our fridge for medicine and room temperature medicine is stored in a locked first aid cupboard in the kitchen.
* The child’s key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
* For some conditions, medications are kept at the setting. Key persons check that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parents.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* If rectal diazepam is given another member of staff will be present and co-signs record form.
* 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.

*Children who have long term medical conditions and who may require on ongoing medication*

* 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.
* Parents also contribute to a risk assessment. They are shown around the setting to understand the routines and activities and to point out anything which they think may be a risk factor for their child.
* For some medical conditions key staff will have training in basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
* The risk assessment includes vigorous activities and any other nursery activity that may be given cause for concern regarding an individual child’s health needs.
* The risk assessment includes arrangements for taking medicines on outings and the child’s GP’s advice is sought if necessary where there are concerns.
* A health care plan for the child is drawn up with the parent; outlining the key person’s role and what information must be shared with other staff who care for the child.
* The health care plan includes the measures to be taken in an emergency.
* The health care plan is reviewed every term or more if necessary. This includes reviewing the medication e.g. changes to the medication or the dosage, any side effects noted etc.
* Parents receive a copy of the health care plan and each contributor including the parent, signs it.
* If an ambulance is called, staff ensure that the rest of the group are reassured and occupied and normality is retained as much as possible.

*Managing medicines on trips and outings*

* If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child’s needs and/or medication.
* Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name, name of the medication, inside the box is a copy of the consent form and a form to record when it has been given, with the details above.
* If a child has to be taken to the hospital, the parents are phoned immediately and all information regarding medication and care plan are taken. The child’s medicine is taken in a sealed plastic box clearly labelled with the child’s name, name of medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children are not to eat when travelling in vehicles.

**Legal framework**

* The Human Medicines Regulations (2012)

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

Held on **10th September 2013** (date)

Signed on behalf of management committee: **DMcWilliams**

Name of signatory: **Donna McWilliams**

 Role of signatory (e.g. chair/owner): **Secretary**

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Safeguarding and welfare requirement: **Health**

The provider must promote the good health of the 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.

**6.2 Managing children who are sick, infectious, or with allergies**

(Including reporting notifiable diseases)

**Policy statement**

We provide care for healthy children and promote health through identifying allergies and preventing contact with the allergenic substances through preventing cross infection of viruses and bacterial infections.

**Procedure for children with allergies**

* When children start at the setting, the parents/carers are asked if their child suffers from any known allergies. This is recorded on the application form by parents and a care plan will be set up.
* If a child has an allergy, a risk assessment form is completed 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
* 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.
* If a child has a nut allergy all parents are notified. Generally no nuts or nut products are used within the setting.

**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 Management Medicines in Schools and Early Years Settings (DfES 2005)**

**Procedures for children who are sick or infectious**

* If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – we will call the parents and ask them to collect the child, or send a known carer to collect on their behalf.
* If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
* Temperature is taken using a thermometer strip in the first aid box.
* In extreme cases of emergency the child will be taken to the nearest hospital and the parent informed.
* Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. See HPA guidelines for exclusion times (parents are given a copy within welcome pack).
* If a child has sickness/diarrhoea parents will be rung to pick them up and they will not be allowed into nursery until 48 hours after the last episode of sickness/diarrhoea.
* All staff carry Anti-bacterial gel with them to prevent cross infection.

*Reporting of ‘notifiable diseases’*

* If a child or adult is diagnosed suffering ‘notifiable disease under the Public Health (Infections Diseases\_ Regulations 1988, 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.

*HIV/AIDS/Hepatitis procedure*

* 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.
* Single use vinyl gloves and aprons are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Protective rubber gloves are used for cleaning/sluicing clothing after changing.
* Soiled clothing is rinsed and bagged for parents to collect.
* Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of.
* Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using disinfectant.

*Nits and head lice*

* Nits and head lice are not excludable conditions.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

*Oral medication*

* Oral medications must be prescribed by a GP or have a manufacturer’s instructions written on them.
* The setting must be provided with clear written instructions on how to administer such medication.
* All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
* The setting must have the parents or guardians prior written consent. This consent must be kept on file.

*Key person for special needs children – children requiring help with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.*

* Prior written consent from the child’s parent or guardian to give treatment and/or medication prescribed by the child’s GP.
* Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

*Life saving medication and invasive treatments*

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).

* The provider must have:
* 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 the parent or guardian allowing staff to administer medication; and
* 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.

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

Held on **10th September 2013** (date)

Signed on behalf of management committee: **DMcWilliams**

Name of signatory: **Donna McWilliams**

 Role of signatory (e.g. chair/owner): **Secretary**

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Safeguarding and welfare requirement: **Health**

Providers must keep a written record of accidents or injuries and first aid treatment.

**6.3 Recording and reporting of accidents and incidents**

(Including procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

**Policy statement**

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (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.

**Procedures**

*Our accident forms*

* are kept safely and securely;
* are accessible to all staff who know how to complete them; and
* are reviewed at least half termly to identify any potential or actual hazards.

*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 for the safety of our employees by complying with RIDDOR (the 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 and treated;
* 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 file*

* We have ready access to telephone numbers for emergency services, including local police. The numbers for gas and electricity emergencies are held in the centre. As we rent the premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
* We keep an incident file for recording incidents including those that are reportable to the Health and Safety Executive as above.
* These incidents include:
* Break in, burglary, theft of personal or setting’s property;
* An intruder gaining unauthorised access to the premises;
* Fire, flood, gas leak or electrical failure;
* Attack on member of staff or parent on the premises or nearby;
* Any racist incident involving staff or family on the centre’s premises;
* a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
* Death of a child: and
* A terrorist attack or threat of one.
* In the incident file 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, should also be recorded.
* 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 Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
* In the unlikely event of a child dying on the premises, the emergency services are called, and the advice of these services are followed.
* The incident file is not for recording issues of concern involving a child. This is recorded in the child’s own file.

**Legal framework**

* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended)

**Further guidance**

* RIDDOR Guidance and Reporting Form:

www.hse.gov.uk/riddor/index.htm

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

Held on **10th September 2013** (date)

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Safeguarding and welfare requirement: **Health**

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

**6.4 Nappy changing**

**Policy statement**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practice in order to accommodate children who are not yet toilet trained.

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.

**Procedures**

* Key persons have a list of personalised changing times for the children in their care who are in nappies or ‘pull-ups’.
* Key person works closely with the parent throughout the child’s toilet training.
* Key person undertake changing young children in the key groups; back up key persons change them if the key person is absent.
* Changing areas are warm and there are safe areas to lay children.
* Each child has their own bag to hand with their nappies, ‘pull-ups’ or spare pants and clothes and baby wipes as well as creams if necessary.
* Gloves are put on before changing starts and the areas are prepared. The changing mat is wiped with antibac before each child is changed.
* All staff are familiar with the hygiene procedures and carry these out when changing nappies.
* In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
* Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
* They will be encouraged to wash their hands and have soap and towels to hand. They will be allowed time for some play as they explore the water and soap.
* Children that are toilet trained access toilet when they have the need to and encouraged to be independent.
* Key persons are gentle when changing; they avoid pulling faces and making negative comments about ‘nappy contents’.
* Key persons do not make inappropriate comments about children’s genitals when changing their nappies.
* Nappies and ‘pull-ups’ are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull-up is bagged and put in the bin. Trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
* We have a ‘duty of care’ towards children’s personal needs.

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

Held on **10th September 2013** (date)

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Name of signatory: **Donna McWilliams**

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Safeguarding and welfare requirement: **Health**

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious

**6.5 Food and drink**

**Policy statement**

This setting regards snack and meal times as an important part of the setting’s day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating and follow the Early Years code of practice for food and drink. At snack we aim to provide nutritious food, which meet the early years food guideline and children’s individual dietary needs. We work closely with parents on feeding issues.

**Procedures**

We follow procedures to promote healthy eating in our setting.

* Before a child starts attending the setting, we ask their parents about their dietary needs and preferences, including any allergies (see the managing children who are sick, infectious or with allergies policy.)
* We record information about each child’s dietary needs in the registration form and parents sign the form to signify that it is correct.
* We regularly consult with parents to ensure that our records of their children’s dietary needs – including any allergies are up-to-date. Parents sign the up-dated record to signify that it is correct.
* We display current information about individual children’s dietary needs so that all staff and volunteers are fully informed about them.
* 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 plan menus in advance, taking into consideration children’s likes and dislikes. We follow guidelines set by ‘Eat Better Start Better’ (Children’s food trust) when planning meals.
* We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
* Staff show sensitivity in providing for children’s diets and allergies.
* We have fresh drinking water constantly available for the children. We inform children about how to obtain water that they can ask for water at any time during the day.
* 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 and additional needs.
* For children who drink milk, we provide whole pasteurised milk.
* In the afternoon we have free flow snack, where the children have half an hour to have snack if they wish.
* We have a 6 day rolling menu for snacks, giving each child the opportunity to try a variety of foods.
* We review our menu termly, reflecting on what they children have liked/disliked, any severe allergies and any changes in the food guidance.
* We provide 2 snacks: am and pm and have a set lunch time, where the children have their packed lunches.
* The children have party food on special occasions e.g. Christmas party and the children also have the experience of trying different cultural foods throughout the year e.g. Chinese New Year.
* Food is prepared in the kitchen on a clean, clear surface.
* At both snack times and lunch time, table cloths are used and wiped down after every use.
* Where appropriate food is stored in fridge/freezer.

*Working with parents*

* We regularly consult with parents to ensure that our records of their children’s dietary needs – including any allergies – are up-to-date.
* We display current information about individual children’s dietary needs so that all staff and volunteers are fully informed about them.
* 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 display the menus of snacks to keep parents updated of what their child is eating.
* We encourage parents to share information on the children’s cultural backgrounds, providing children with familiar foods and introducing them to new ones.
* Through discussion with parents and research reading by staff, we obtain information about dietary rules of the religious groups, to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
* We inform the parents who provide food for their children about the storage facilities available in the setting.
* We give parents who provide food for their children information about suitable containers for food.

*Packed lunches*

* We ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool.
* We inform parents of our policy on healthy eating.
* We inform parents of whether we have facilities to microwave cooked food brought from home.
* We encourage parents to provide sandwiches with healthy fillings, fruit and milk based deserts such as yoghurts or crème fraîche where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or milk.
* We provide children bringing packed lunches with plates, cups and cutlery.
* We ensure staff sit with children to eat their lunch so that the meal time is a social occasion.

*Learning opportunities*

* We organise meal and snack times so that they are social occasions in which children and staff participate.
* We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
* Snack time develops physical skills as we encourage the children to put their own spread on and cut their own fruit (when appropriate)
* We provide lots of opportunities for children to ‘make and bake’. By doing this the children are:

Learning about the health and safety regarding cooking.

Discovering where food comes from and how it grows.

Learning how to weigh and measure ingredients.

Tasting new foods and discovering different food textures.

Having opportunities to count and recognise colour and shapes.

* In the garden we have a vegetable patch. The children are very involved in this; planting the vegetables, watering them, digging them up and tasting them during snack time.

*Fussy eating*

If children are fussy eaters we;

* Sit them next to a good role model
* Encourage staff to eat with children where possible and talk enthusiastically about the taste of food.
* Give children regular opportunities to try new foods.
* Give lots of praise when children try new foods, using stickers as a reward.
* Never force children to finish everything on their plate.

**Legal framework**

* Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

**Further guidance**

* Safer food, Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

Held on **10th September 2013** (date)

Signed on behalf of management committee: **DMcWilliams**

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Safeguarding and welfare requirement: **Health**

There must be suitable facilities for the hygienic preparation of food for children.

**6.6 Food hygiene**

(Including procedure for reporting food poisoning)

**Policy statement**

In our setting we provide and/or serve food for children on the following basis:

* Snacks
* Packed lunches

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

**Procedures**

* The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP). This is set out in Safer Food, Better Business (Food Standards Agency 2011). The basis for this risk assessment applies to purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
* All staff follow the guidelines of Safer Food Better Business.
* Jenna McDermott, Emma Harnett and William Harnett have an in date Food Hygiene Certificate. All other staff members have had basic food hygiene training (DVD).
* The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently.
* We use reliable suppliers for the food we purchase.
* Food is stored at correct temperature and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
* Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
* Food preparation areas are cleaned before use as well as after use.
* There are separate facilities for hand-washing and for washing up.
* All surfaces are clean and non-porous.
* All utensils, crockery etc are clean and stored appropriately.
* Waste food is disposed of daily.
* Cleaning materials and other dangerous materials are stored out of children’s reach.
* Children do not have unsupervised access to the kitchen.
* When children take part in cooking activities, they;
* Are supervised at all times;
* Understand the importance of hand washing and simple hygiene rules;
* Are kept away from hot surfaces and hot water; and
* Do not have unsupervised access to electrical equipment such as blenders etc.

*Reporting of food poisoning*

* Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
* Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
* If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988 the setting will report the matter to Ofsted.

**Legal framework**

* Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

**Further guidance**

* Safer food, Better Business (Food Standards Agency 2011)

This policy was adopted at a meeting of **Stepping Stones play and learn group** (name of setting.)

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