

PROMOTING GOOD HEALTH, WELFARE & WELLNESS POLICY



Statement of Intent

Ollie Owl Day Nursery believes that children flourish best when their personal, social and emotional needs are met, when they are healthy, safe and secure. Our practices promote good health and ensure good care and well-being. We will take steps to ensure we keep the children in our care safe and well.

Aim

We aim to teach children to keep healthy and safe. We aim to enable children to understand the importance of physical activity, and to make healthy choices in relation to food. We aim to encourage children to be safe, and to be independent, able to manage their own hygiene and personal needs.

These aims meet the principles and standards in the EYFS. In the curriculum, physical development is a prime area of learning. It helps children to move and handle safely and teaches health and self-care.

Methods

- We implement educational programmes that :

Provide "opportunities for young children to be active and interactive; and to develop their co-ordination, control, and movement. Children must also be helped to understand the importance of physical activity, and to make healthy choices in relation to food."

- We work towards children achieving all the Early Learning Goals, which for Physical Development are :

"Moving and handling: children show good control and co-ordination in large and small movements. They move confidently in a range of ways, safely negotiating space. They handle equipment and tools effectively, including pencils for writing.

Health and self-care: children know the importance for good health of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently."

- All adults promote and teach good personal hygiene and a healthy lifestyle, in relation to sleep, physical exercise and healthy eating.
- We have robust procedures to ensure good care is taken to ensure children's welfare needs are met and have rotas to ensure cleanliness.
- Each child's dietary needs and requirements are recorded on their 'settling in forms' during their first settling in sessions.

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- We also use the allergy alert poster system to inform the nursery Chef about children's food allergies and dietary requirements.
- All room staff follow the nursery 'traffic light system' to identify and cater for children with food allergies, dietary requirements and parent preferences.
- Each child has their own placemat which used at every meal times to ensure that staff are strictly following and meeting children dietary needs and parent preferences.
- Staff induction ensures all staff and volunteers implement this policy.
- We work in partnership with children's parents. Parents are regularly informed about their children's welfare/ well-being, including giving key care information in daily handovers.
- If we are concerned about any aspects of care or welfare, for example if we notice deterioration in general well-being or emotional well-being, or changes in behaviour we may also refer to the Safeguarding policy.
- Key persons are responsible for overseeing the care, well-being and learning of children. We work as a team to support all practitioners to best benefit the child, including sharing care practices and discussing children to ensure their needs are being well met.
- Our policy is to ensure 50% of all our qualified staff have a current paediatric first aid certificate, however we aim and prefer 100% to be qualified. This is training approved by the Local Authority and relevant for workers caring for young children.

Dealing with children's sickness

- We aim to contain the spread of infection within the nursery, to ensure that children can thrive within a healthy environment.
- We follow advice from the Health Protection Agency and follow their guidance called "Guidelines for the Control of Infection and Communicable Disease in school and early years settings"; please see the poster displayed in the nursery.
- We work in partnership with parents. In the event that a child should become ill at nursery the Manager or Deputy will make every effort to contact the parent to inform them about their child being unwell.
- A child who is sick or has diarrhoea whilst at the nursery (has more than 2 "loose" bowel movements) is to be collected immediately and kept away for 48 hours after the last bout of sickness or diarrhoea.
- Should the child become ill with a temperature of 38 degrees or above:
 - If the child's temperature is 38 degrees or above we will request permission to administer and then administer liquid paracetamol if permission is granted.
 - If a child's parent(s) cannot be contacted and the child has a temperature over 38 degrees we will leave a message if possible. When no parent can be contacted

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but where parental approval has been given in the nursery Consent Form (see "Administering medicines" section below), and the child has been at the nursery for more than 4 hrs we will administer liquid paracetamol.

- The child will then be requested to be taken home to recover from the temperature.
- A child who is ill with a fever above 38 degrees should not attend nursery until at least 24 hours after the fever has subsided.
- If a child is sent home with a temperature of 38 degrees and below 39 degrees, they can return the next day at the start of their session provided they no longer have a temperature, they are well in themselves, and on the strict proviso that no liquid paracetamol or liquid ibuprofen has been given in the four hours prior to their arrival.
- Should the child become ill with a fever over 39 degrees:
 - If the child's temperature has reached 39 degrees or above the parent will be requested to collect the child immediately and recommended to seek medical advice.
 - A child who is ill with a fever above 39 degrees should not attend nursery until at least 24 hours after the fever has subsided.
- A child with an infection prescribed with anti-biotics should not attend the nursery within 24 hours of the first dose of anti-biotics. If a child has an adverse reaction to the prescribed anti-biotics they may need to start a new course of different anti-biotics in such circumstances the same 24 hour rule applies.
- If we have been made aware by the parent that the child is teething or the child is displaying obvious symptoms of teething, the above may or may not be applied subject to a discussion with the parent or at the nursery manager's discretion.
- Whilst waiting for the parent to arrive a member of staff will sit with the child in a quiet area and care for the child's needs appropriately.
- Any child suffering from communicable diseases should note the following:
 - Chicken pox – should not attend nursery until ALL the spots have scabbed over.
 - Conjunctivitis – should only attend if the condition is being treated.
- Should a child develop an unknown rash, medical advice must be sought by the parent to establish the cause and to determine if the rash or condition is contagious. Rashes that are known to the parent and identifiable by the nursery team, such as heat rash, must be closely monitored. Should the rash change or the child starts to show other signs or symptoms, parents must be contacted and medical advice sought.
- The nursery has a duty to notify the HPA (Health Protection Agency) of any notable and infectious diseases such as scarlet fever, mumps, and meningitis. Where there is a sizeable outbreak we seek advice.

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- We will display a notice on the Parents Notice boards of any cases of communicable or infectious diseases that have been reported to the nursery.

Administering medicines

- We support child's needs by administering medication prescribed by a doctor, dentist, nurse or pharmacist. We require parents give us information and written permission for this.
- All prescribed medicine to be administered at the nursery must be in their original container with the pharmaceutical labels clearly identifying the child's name, date of birth and the dose amount.
- If this is the first time the child has been prescribed the medication, they must have had the medication administered for a period of at least 24 hours at home before being able to have it administered at the nursery. This is due to possible risk of allergic reactions and/or intolerances. Due to there being several types of antibiotics, this policy applies to any new anti-biotics prescribed. Even if the child has had anti-biotics before, it must have be the exact same type of anti-biotics for this 24 hour rule not to apply.
- Medicine will only be administered by qualified senior members of staff, or at the discretion of the Manager or Deputy Manager.
- We will seek and ensure training where necessary to administer medicines that require medical or technical knowledge.
- We record every dose of medication given and inform parents on that day. A medication sheet is kept for each child, as necessary.
- We can sometimes administer both prescribed and non- prescription medicines to care for a child when they fall ill or have pain from teething. We use three products (liquid paracetamol, Bonjela, Sudocrem), which we ask your permission to use at the first settling in session. We will attempt to give parents a courtesy call if / when their child needs liquid paracetamol. We will record any medication given and will ask parents to sign the medication sheet at pick up time.
- We will administer prescribed and non-prescribed creams to medicate and treat common skin conditions in children. We will seek written permission from parents prior to administering the cream and record every application on our medication form. Parents will be asked to the sign the medication form at pick up time.

Dealing with accidents / injuries sustained in the nursery

- Should a child sustain an injury or develop an illness that requires medical attention, the nursery will ask the parent to consult with their doctor, health visitor or consultant to determine when it is safe for the child to return to nursery.

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- First aid boxes are kept in each room, the office and kitchen, and there is a first aid kit for outings. The room leaders check each first aid box to ensure all adequate supplies are available and in date.
- The Health and Safety Officer carries out a check every six months on the first aid boxes and kits.

Serious Accident/Injury/ Illness

If the child has a serious accident or injury while at nursery, the Manager or a senior member of staff must be notified immediately to assess the situation.

If a child has a significant bump to the head, or injury from a fall whilst at nursery, the Manager or senior member of staff will assess the child's injury and notify the parents. An Accident & Head Injury form will be filled out and the child will be monitored throughout the day. The parent will be given a "Mr Bump" form which advises how to monitor the child at home following a bump to the head.

If the child needs to go straight to hospital, an ambulance will be called.

The parent/carer will be contacted as soon as possible. If the parent/carer cannot make it to nursery in time, a senior member of staff will accompany the child to hospital, taking the child's notes with all relevant information, importantly the child's medical number.

Arrangements will be made to meet the parents/carer at the hospital.

A report will be completed for all serious accidents that aim to investigate and prevent any further accidents.

If a child develops a serious illness, it should be investigated, using the 'Serious Illness Report' form. The key person should complete this and then the manager will investigate.

Reports, using the "Accident Report Form" OR the "Serious Illness Report Form" will be made to Ofsted, HSE (through R.I.D.D.O.R.) and Early Years.

Minor Accident/Injury

If the child has a minor accident or injury while at nursery, the injury will be assessed by a qualified first aider and if necessary a senior member of staff.

The injury is treated appropriately.

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The child is settled into their room and monitored.

A record is kept, by the first aider completing a "Minor injuries slip" within half an hour of the accident, this should be signed by a witness where possible and the manager. The parent is also asked to sign this, when they are informed, usually at pick-up that day.

All accident forms are archived for 21 years. The manager will periodically review completed slips to see if any changes to practice or the nursery environment should be made.

Dealing with accidents / injuries NOT sustained in the nursery.

- Should a child arrive at nursery with an injury, this should be investigated and the "Accident at home form" should be filled to record this. An incident map may also be used to record the injuries.
- Please refer to and follow procedures set out in the Safeguarding policy.
- Should a child have an injury or an illness that requires medical attention, the nursery will ask the parent to consult with their doctor, health visitor or consultant to determine when it is safe for the child to return to nursery.

Promoting Children's Good Health & Wellness .

Our care practices and routines ensure children's well-being. These are:

Food and Nutrition

- We employ a nursery chef to prepare healthy, nutritious meals and snacks that are freshly prepared on a daily basis to meet individual's dietary needs. The menus are periodically overseen by a paediatric dietician. We avoid large quantities of fat, sugar and salt and artificial additives, preservatives and colourings.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products.
- We believe eating represents a social time for children and adults and helps children to learn about healthy eating. We operate a "family" style service, with adults sitting with children to eat, and talking about healthy food choices and encouraging children to eat a balanced meal. The oldest children are encouraged to serve themselves during snack and all meal times.
- At the first settling in session, we find out from parents their children's dietary needs, including any allergies, special dietary or health requirements and preferences. The cook is informed and allergy alert posters made where necessary. Any new

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information is amended on the settling in form, the cook informed and posters updated.

- At settling in sessions we also establish all relevant details of milk and weaning needs. This is recorded onto the 'settling in forms' for the Under 2's room.
- These dietary needs and allergies are displayed, with parental consent, so that all staff and volunteers are fully informed about them,
- Monthly menus of meals/snacks are displayed for the information of parents.
- 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 use meal and snack times to help children to develop independence through making choices, serving food and drink, and feeding themselves. For Over 2's, a child is chosen each day to help set up the table for lunch, using named placemats. At snack time children are encouraged to choose their snack and try pouring their own drink.
- We provide children with utensils which are appropriate for their ages and stages of development, which take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children.
- In order to protect children with food allergies, we have rules preventing children sharing and swapping their food with one another.
- For children who drink milk, we provide whole pasteurised milk for the under 2's and semi-skimmed for the over 2's.
- We actively encourage children to wash their hands before and after handling food.
- The kitchen complies with Food and Hygiene standards, including ensuring hygienic preparation of food. Staff who prepare and handle food are suitably qualified in Food Hygiene.
- The setting will notify Ofsted within 14 days should an outbreak of food poisoning affecting 2 or more children occur.
- We give / encourage children to drink water regularly and feed/ give bottles to them regularly/ as necessary. We record this, using daily care charts, and note children's intake and share this information with parents.

Milk & infant bottles.

- A baby's bottle time is an important time for a child, not just nutritionally, but it is also a quiet, relaxing time for a child to wind down and spend some bonding time with their carer. It is our intention to ensure this process is carried out efficiently and safely for all children regardless of whether they have breast milk, formula or cow's milk.

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- During a child's settling in sessions, the room leader should communicate with the child's parent/carer to ensure they understand and document the child's routine and milk intake on the "the settling in forms". Important notes to make are:
 - Where does the child enjoy having their bottle e.g. a chair, lying down etc.
 - How many bottles does the child receive a day and at what times.
 - How would the parent/carer supply the milk, e.g. in a dispenser for the nursery to mix at each feed, ready mixed which the nursery will store in the fridge.
- When a child starts in the nursery please ensure all their bottles have a self- adhesive name label attached to each section of the bottle i.e. bottle base, screw top and teat cover. This is to ensure no section of a child's bottle is confused with another child's.
- Each child's bottle and formula are stored in a cupboard to ensure they are clean and hygienic.
- All bottles are sterilised before feeding.
- Bottles will only be prepared by qualified members of staff who have received training on making bottles which includes a demonstration by the room leader during their room induction, or at the discretion of the Managers.
- The heat of the milk is tested by shaking a few drops of milk onto the carer's wrist to ensure it is at the correct temperature.
- Once the child has finished the bottle, the daily milk chart must be completed, recording how much milk was drunk and at what time.

Other Care routines

Toileting

- We ensure children's hygiene and toileting needs are met, teaching them independence in self- care routines.
- We record toileting for all children through nappies and toilet/ potty training, using daily care charts and also inform parents, as necessary.
- Whenever possible have two members of staff present.
- Ensure all equipment (cotton wool, warm water bowl, wipes, creams, anti-bacterial spray, nappies/ pull ups, mats) is out ready before beginning.
- Never leave a baby on the changing unit.
- Plastic gloves and an apron must be worn, and thorough hand washing must take place.
- We ensure privacy is considered and balanced with safeguarding & support needs when changing nappies by ensuring parents and any visitors are not admitted to rooms whilst nappies are being changed. Our CCTV cameras are also angled to avoid directly covering these areas.
- The change mat is cleaned using an anti- bacterial spray after each use/ child changed.

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- Nappy bins are emptied after each routine nappy change.
- If pants are heavily soiled they are bagged and then thrown away.

Sleep

We follow a separate safer sleep policy (please refer to this policy for full details). Under this policy we follow the safer sleep advice provided by the Department for Education, the Lullaby Trust and the NHS.

- We ensure children get adequate sleep and follow best practice of not waking children.
- We provide a safe and supervised sleeping area.
- We record sleep times for all children who need a sleep.
- We also provide for children who wish to relax or play quietly to have a 'quiet', restful time just after their lunch.
- We liaise closely with parents and try to meet their routines and expectations.

Active Play

- We try to ensure that children are active every day, using the outdoor learning environment. If this is not possible, due to inclement weather conditions, we try to build some active play into that day's planning, this will often take the form of an active dance and movement session at the usual outdoor play time.
- We talk to children about the importance of physical exercise and will talk about and help children to begin to understand physical changes, like raised heart beats, breathlessness, aching limbs and perspiration.
- We encourage the children to develop physical skills by testing their physical abilities in a safe environment.

Tooth brushing and oral health

- We show the children how to do this themselves by modelling effective tooth brushing.
- We introduce other activities which promote tooth brushing such as role play tooth brushing with dolls and brushing model teeth.
- We arrange for the children to visit the local dental practices subject to parental permission.

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Mental wellbeing

Early childhood is a crucial period for developing mental wellbeing, with experiences in the first five years significantly impacting a child's future mental health. We aim to help the children develop their emotional wellbeing by offering:

- a nurturing home from home environment.
- building strong caregiver-child relationships.
- promoting positive routines (like healthy sleep and eating habits).
- allowing the children opportunities for emotional expression and improving their emotional literacy.

all of which are key factors in promoting positive mental health outcomes.

Cleanliness and safety

- We always try to ensure that the premises, equipment and all toys are both safe and clean.
- We check cleanliness and safety each morning and have a rota to clean/ wash bedding, towels, spare clothes and toys.
- We employ professional cleaners who clean the nursery each evening after the nursery has closed.
- Our health & safety controls and fire safety controls are independently assessed annually to ensure compliance with these regulations.

All policies are reviewed at least annually.

This policy was adopted on	Signed on behalf of the nursery	Date for review
31 July 2026	Dick Tillett	July 2027