3. Health & Safety

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1. Medication Policy

Aim

Woodentots and **Woodland Wanderers** puts the well-being of the children in its care at the very core of its services. Woodentots and Woodland Wanderers is keen to help children to attend, where appropriate, even if they are taking medication and to enable this to happen staff are trained to administer medication on site.

Procedure

In order for medication to be administered the following procedure must be adhered to by parents and staff for the health and well-being of all children in the setting.

- Woodentots and Woodland Wanderers require written and signed consent in advance from parents which clearly shows the date, dosage and expiry date of any medication to be given.
- Any medication left with staff for administration must be in its original container and bear its original label. The label must be legible and have the name of the child on it. All medication must be prescribed by a doctor or health professional.
- When administering medication staff should:
  - wash their hands
  - refer to the permission to administer medication form and to the administration record and carefully check that all details are correct
  - be certain of the identity of the child to whom the medication is being given.
  - check that the prescription on the label of the medication is clear and unambiguous
  - check the name of the medication matches the permission/administration form
  - check the name of the child on the label matches the permission/administration form
  - check the dose and method of administration
  - take the medicine at home for 48 hours
  - check the expiry date
  - check that the child is not allergic to the medication
  - administer the medication as instructed on the label and as specified in the permission to administer medication form
  - keep clear and accurate, signed records of all medication administered, withheld or refused
  - monitor any children taking medication and report any side effects immediately to the person in charge

- inform parents/guardians that the medication has been given when they pick up their children.

All medication should be kept securely in the container provided. Or if required in the fridge. Parents are responsible to bring and collect the medication from the setting.

If a child refuses to take their medication staff should never attempt to force or coerce compliance. They should note the refusal in their records and follow any agreed procedures set out in the individual child's health care plan. Parents should be informed of the refusal on the same day.

If a refusal to take medicines results in an emergency, the setting's emergency procedures should be followed.

Written permission is required for emergency treatment of chronic illnesses, such as asthma where inhalers may need to be given on a long-term basis.

Staff will be asked to attend general training in the administration and monitoring of medication and to meet specific needs concerning administration, or other health-related matters.

Staff should sign a consent form to say they are willing to administer medicine. This is a voluntary decision by staff and no pressure will be brought by the management to perform this role.

The management of the setting is responsible for ensuring that there are enough staff who have been appropriately trained in the administration of medication to cover all working shifts. The off-duty rota should always be planned with first aid and medicines administration in mind.

In an emergency situation the first aider should be called, an ambulance called for and parents informed immediately.

The management should monitor staff to ensure the procedures are being carried out, and that they are clear to all. Staff will be asked to feedback at meetings any areas of concern or to identify training needs that they may have.

Medical information, including details about medicines, should be treated as confidential by all staff in the setting. The manager of the setting should agree with the parents who else should have access to records and other information about a child.

Children's/Staff medication box is kept in the sleep room on the second shelf on the left-hand side.

2. Asthma

Policy Background

Woodentots and **Woodland Wanderers** understand asthma to be a common disease involving the respiratory system in which the airways constrict and become inflamed, causing symptoms such as wheezing, shortness of breath, chest tightness, and coughing. These episodes may be triggered by such things as exposure to an environmental stimulant such as an allergen, environmental tobacco smoke, cold or warm air, perfume, pet dander, moist air, exercise or exertion, or emotional stress. In children, the most common triggers are viral illnesses such as those that cause the common cold. This airway constriction responds to medication such bronchodilators, which is often administered via an inhaler.

We believe that children who suffer from asthma should have the opportunity of being able to play a full and active role in life and should not suffer from exclusion or discrimination in any way due to their condition.

Policy Aim

The aim of this policy is to enable both of our settings to ensure that children suffering from asthma have effective care and support while attending the settings.

Policy

- Woodentots and Woodland Wanderers recognise that asthma is a widespread and serious but controllable condition and that children with asthma can and do participate fully in all aspects of life.
- Children with asthma will be welcomed and included in all of the activities of both of our settings.
- We recognise that children with asthma will need immediate access to reliever inhalers at all times.
- We will keep a record of all children with asthma and the medicines they take.
- We will ensure that the whole of both of our settings — including the physical, social, sporting and educational environment — is favourable to children with asthma.
- We will ensure that children with asthma are not stigmatised or treated differently or discriminated against and we will help all children attending our settings to better understand asthma.
- All staff (including support staff) who come into contact with children with asthma will know what to do in the event of an asthma attack.
- We understand that children with asthma may occasionally experience bullying and we will have procedures in place to prevent this.

Both of our settings will work in partnership with all interested parties including parents/carers and doctors to ensure the policy is planned, implemented and maintained successfully.

Medication Arrangements

Woodentots and Woodland Wanderers understand that in the case of an asthma attack immediate access to reliever medicines, usually an inhaler, is essential. In order for medication to be administered the following procedure must be adhered to by parents and staff.

- Both of our settings require written and signed consent in advance from parents which clearly shows the date, dosage and expiry date of any medication and the circumstances in which it should be given.
- Any medication left with staff for administration must be in its original container and bear its original label. The label must be legible and have the name of the child on it.

In Woodentots and Woodland Wanderers:

- reliever inhalers will be accepted into both settings as described under Medication Arrangements, above
- inhalers must be properly labelled for use by the child for whom they are prescribed; this label must display an expiry date which will be checked by staff when they accept the medication
- reliever inhalers will be kept in a container, near the first aid box, which is designed to be accessible in the event of an emergency
- parents/carers will be asked to ensure that we are provided with a labelled spare reliever inhaler in case the first one runs out
- where a child requires their inhaler staff will check that the correct inhaler is given to them and, where possible, allow them to administer it themselves. Where the child is too young or cannot administer the inhaler themselves, they will be helped by a registered first aider, who will be on duty at all times, or by another member of staff specially trained in helping with medication
- any administration of medication will be recorded and reported to the parents/carers when they collect their child.
- Parents will be asked to help to write up a care plan for the child this will include what might trigger the attacks, how many times the child has been hospitalised and how often medication is administered at home.

Medicine that has not been prescribed for a child must not under any circumstances be given. Staff in our settings will never give medication to a child when it is prescribed to another.

Training

All new staff will be made aware of this policy. Staff training regarding healthcare issues, including asthma, will be a regular feature of staff development programmes. Staff will be asked to attend general training in the administration and monitoring of medication and to meet specific needs concerning administration, or other health-related matters.

3. Food and nutrition policy

Overview of the Updated EYFS Nutrition Guidance

The Early Years Foundation Stage (EYFS) nutrition guidance emphasises that all Early Years settings must provide balanced, nutritious meals and snacks that meet children's developmental needs. Key expectations include:

• Offering a wide variety of foods from different food groups every day.

• Providing age-appropriate portion sizes and encouraging healthy eating habits.

• Restricting foods high in sugar, salt, and saturated fat.

• Offering only water or plain milk as drinks.

• Maintaining high standards of food safety and hygiene at all times.

• Modelling positive food behaviours by creating enjoyable, social mealtime experiences.

Introduction

At Woodland Wanderers Nursery, we believe that a healthy, balanced diet in the early years lays the foundation for lifelong wellbeing. Our policy reflects the EYFS updates while celebrating our ethos as a vegetarian nursery, committed to nourishing children with variety, balance, and a love for food. Mealtimes at Woodland Wanderers are about more than nutrition: they are about community, discovery, and developing confidence in trying new things.

Our Approach to Food and Nutrition

We provide a fully vegetarian menu that is rich in variety and built around "plant points" – a system that encourages children to enjoy as many plants as possible and be exposed to as many different types of plant-based and 'coloured' foods as possible each week. Menus are carefully planned to ensure every child receives the right balance of food groups. Fruit and vegetables are offered daily in multiple forms, carbohydrates are served with every main meal (including wholegrains at least once per day), and protein is sourced from a range of vegetarian options. Dairy and dairy alternatives are offered daily, with full-fat options for under-two's and unsweetened, calcium-fortified alternatives for older children

Weaning and Introduction to Solid Foods

We use guidelines published by best start in life - www.nhs.uk/best-start-in-life/baby/weaning/ to support us when weaning children.

Woodentots and Woodland Wanderers Nursery recognise that weaning is an important developmental stage in a child's life. We are committed to working closely with parents and carers to ensure that the transition from milk feeding to solid foods is safe, responsive, and tailored to each child's individual needs and stage of development.

Partnership with Parents

- Weaning will only be introduced at nursery following discussion and agreement with parents or carers.
- Parents will be asked to provide information regarding their child's current stage of weaning, foods already introduced, feeding routines, allergies, intolerances, and any dietary requirements.
- Nursery staff will maintain regular communication with parents regarding a child's progress with weaning and any concerns that arise.
- New foods and common allergens should, wherever possible, be introduced at home before being offered within the nursery setting.
- If a child has tried something new for the first time at home, ideally wait 24 hours before sending them to nursery incase of allergic reactions or at least encourage parents to inform us if they have tried something new.

Safe Weaning Practices

- Staff will ensure food offered is suitable for the child's age, developmental stage, and individual abilities.
- Food textures will be progressed gradually in line with the child's readiness, moving from smooth purees to mashed, soft finger foods, and more textured foods as appropriate.
- Children will always be supervised whilst eating and drinking.
- Foods known to present a choking hazard will not be offered unless prepared appropriately in accordance with current safety guidance.
- Staff will be trained to recognise the difference between gagging and choking and will hold current Paediatric First Aid certification.

Responsive Feeding

At Woodland Wanderers Nursery, we promote a responsive feeding approach which supports children in developing healthy relationships with food.

Staff will:

- Follow the child's hunger and fullness cues.
- Encourage children to explore and enjoy food at their own pace.
- Never force a child to eat or finish a meal.
- Respect a child's decision when they indicate they have had enough.
- Create a calm, positive, and enjoyable mealtime environment.

Milk Feeds During Weaning

- Individual feeding routines provided by parents will continue to be followed during the weaning process.
- Breast milk and formula feeds will be stored, prepared, and served in accordance with the nursery's Food Hygiene and Bottle Feeding Procedures.
- As children progress with solid foods, milk feeds will be adjusted only in partnership with parents and carers.

Staff Training

All staff working with babies and young children will receive appropriate training and guidance relating to:

- Safe weaning practices.
- Choking prevention and response.
- Food hygiene and safe food preparation.
- Allergy awareness and management.
- Responsive feeding techniques.
- Current EYFS requirements relating to food and drink.

At Our Settings

We seek to always follow national guidelines and go above and beyond expectations. We restrict ultra-processed foods and always provide adequate quantities of essential food groups.

Fruit & Vegetables

We provide at least one portion of vegetables or fruit as part of each main meal and some snacks. A wide variety of fresh, frozen, or tinned options is offered across the Week.

Carbohydrates

We provide a portion of starchy carbohydrates in every main meal, with a mix of wholegrain and white options across the week. Fried starchy foods are limited to once per week, and sugary or highly processed products are avoided.

Dairy and Alternatives

We provide three portions of milk or unsweetened dairy foods daily (including those provided at home) and ensure unsweetened, calcium-fortified non-dairy alternatives are available.

Protein

Protein is included in every lunch and tea, with a variety provided across the week, including beans, lentils, tofu, Quorn, and eggs.

Drinks

Children have access to fresh tap water throughout the day and are offered only fresh water or plain milk to drink.

Foods We Never Serve

We never serve foods high in saturated fat, salt, or sugar, including cakes, pastries, biscuits, crisps, confectionery, artificial sweeteners, sugary cereals, flavoured instant products, or sugary drinks. These items do not align with our values or EYFS Expectations.

Mealtime Environment

Mealtimes are a social and educational part of our day. Staff sit and eat alongside children, modelling positive attitudes towards food and healthy choices. Staff may only consume the same foods provided for the children while in the classrooms and are permitted to drink only water. Any other foods or drinks must be stored and consumed in the staff room. Staff are not permitted to eat junk food, sweets, or drink fizzy drinks in classrooms, as this would not align with our values or the EYFS Guidance.

Food Safety, Hygiene and Staffing

All food is prepared and handled safely, with choking risks assessed and mitigated in line with EYFS guidance. Every member of staff completes Food Hygiene training and Paediatric First Aid as part of their induction, ensuring they are fully equipped to support safe mealtimes from their first day. At least one paediatric first aid trained staff member is always present during meals. Staff are vigilant about allergies, intolerances, and cultural requirements. During meal times, children are always within sight and hearing of the staff members within their ratio. There is always a minimum of two staff members supervising the children when eating, in the case of an emergency.

Managing children with allergies and intolerances

Woodland Wanderers Nursery is committed to providing a safe environment for all children with allergies, intolerances, and dietary requirements. We work closely with parents, carers, and healthcare professionals to ensure appropriate measures are in place to safeguard children's health and wellbeing.

Registration and Care Plans

Prior to a child attending the nursery, parents must inform the nursery of any known allergies, intolerances, or medical conditions.

Where a child has a diagnosed allergy requiring medication, parents must provide:

- A completed healthcare or allergy care plan from the child's doctor or specialist healthcare professional.
- Any prescribed medication detailed within the care plan, such as antihistamines, inhalers, or adrenaline auto-injectors.
- Written consent for nursery staff to administer medication in accordance with the care plan.

Children requiring medication for allergies will not be able to attend nursery without the required medication and supporting documentation being in place.

Storage of Care Plans and Medication

To ensure staff have immediate access to vital information in an emergency:

- An up-to-date copy of the child's allergy care plan will be displayed discreetly within the relevant nursery room.
- Each child with an allergy will have an individual allergy pouch containing their care plan and prescribed medication.
- Allergy pouches will be stored in an agreed accessible location known to all staff, whilst remaining out of children's reach.
- Medication will be checked regularly to ensure it remains in date and fit for use.

Staff Awareness

All staff working with the child will be made aware of:

- The child's allergy and associated risks.
- Signs and symptoms of an allergic reaction.
- Emergency procedures to follow.
- The location of the child's medication and care plan.

Where required, staff will receive training in the administration of prescribed emergency medication.

Mealtimes and Food Preparation

The nursery will take all reasonable steps to minimise the risk of allergen exposure by:

- Clearly identifying children with allergies.
- Following individual care plans at all times.
- Preventing cross-contamination during food preparation and serving.
- Ensuring all staff are aware of dietary requirements before meals and snacks are provided.
- Working closely with catering providers and parents regarding ingredients and menu choices.

Emergency Procedures

If a child experiences an allergic reaction, staff will follow the child's individual care plan and administer prescribed medication where required. Emergency services will be contacted immediately where indicated within the care plan or if staff have any concerns regarding the child's condition.

Parents will be informed as soon as possible following any allergic reaction, medication administration, or medical emergency.

Adrenaline Auto Injectors (EpiPens)

Where a child has been prescribed an adrenaline auto-injector (AAI), such as an EpiPen, Jext, or Emerade, parents must provide the nursery with the prescribed medication in accordance with the child's healthcare plan.

The nursery will ensure that:

- The child's prescribed adrenaline auto injector is stored within their individual allergy pouch alongside their care plan.
- The medication is easily accessible to staff at all times and is never locked away in a manner that could delay emergency treatment.
- All staff working with the child are aware of the location of the medication and understand the child's allergy management procedures.
- Appropriate staff receive training in recognising the signs and symptoms of anaphylaxis and the administration of adrenaline auto-injectors.
- Medication expiry dates are monitored and parents are informed when replacement medication is required.
- Every child must have 2 epipens on site if required.
- Emergency services (999) will be contacted immediately following the administration of an adrenaline auto-injector, in accordance with the child's healthcare plan and national guidance. Only staff with first aid training will administer an epipen.
- Parents or carers will be informed immediately following any administration of emergency medication.

In the event of a severe allergic reaction (anaphylaxis), staff will follow the child's individual healthcare plan, administer the prescribed adrenaline auto injector without delay where required, and seek emergency medical assistance.

Partnership with Families

We view families as partners in supporting healthy eating habits. Parents are kept informed of menus and changes to guidance and are invited to provide feedback to ensure our offer reflects our community's needs.

Monitoring and Review

This policy will be reviewed annually or sooner if legislation or EYFS guidance changes. Woodland Wanderers is committed to exceeding minimum requirements to provide the very best start for every child

4. Illnesses & Accidents Policy

Policy Statement

It is the policy of **Woodentots** and **Woodland Wanderers** that children in our care are kept safe at all times.

The settings understand their duty to promote the good health of the children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill. In this respect both settings are fully compliant with Section 3: Welfare Requirements of the Early Years Foundation Stage (EYFS) statutory framework.

Procedure

Woodentots and Woodland Wanderers realise that all children have minor illnesses, such as minor coughs and colds, from time to time that do not prevent them from attending. In these circumstances the staff should allow children to attend.

We are also aware that some children have longer term illnesses and conditions that, while serious, do not affect their day-to-day life and that living a "normal" life and attending early years care is an important part of their coping with that illness. These cases will always be discussed with the parents/guardians at the enrolment stage and, if accepted at Woodentots or Woodland Wanderers, a suitable plan of care will be agreed which may involve the administration of medication.

However, the settings are also aware that some children will have minor or serious illnesses from time to time that should prevent them from attending. It is therefore the policy of both settings that children who have anything more than a minor illness should be kept at home. This is particularly important in the case of any infectious illness that might be spread.

Children with the following signs or symptoms will be excluded from the nursery:

- diarrhoea and/or vomiting
- doubtful rash
- conjunctivitis
- infectious illness, e.g. mumps or measles
- high temperature (fever)

Parents/guardians should be advised that their children may not return to the nursery until 48 hours after they have been symptom free.

If a child arrives at the nursery ill, the senior member of staff will take the decision as to whether the child is fit to attend or not. If not, the parent will be asked to take the child home. If a child becomes ill while at the nursery or has an accident then the duty first aider will be asked to see the child immediately and the child's parents/guardians should be called and asked to collect the child. While waiting for the parents/guardians the child will be monitored and comforted and given the chance to rest in a quiet area.

If the child's condition worsens such that it causes concern to the first aider and staff then suitable medical treatment should be arranged in the form of a GP, an ambulance or transport to Accident and Emergency as appropriate and the parents/guardians informed.

In the event of an illness or accident requiring hospital treatment, the person in charge will try to inform the parents/guardians immediately and arrange to have the child taken to hospital. The person who takes the child should stay with the child until the parents/guardians arrive. Remember to fill out the ambulance request form and ask ambulance staff which hospital the child is being taken to.

If the parents/guardians do not arrive or are unable to be contacted, the member of staff should stay with the child until the appropriate treatment has been given and follow the advice of a responsible doctor. Where appropriate they should return with the child to the nursery where he or she would be cared for until the arrival of the parents/guardians.

In all cases the first aider will complete a detailed report of what happened and action taken.

Any illness, accident or injury to a child will be recorded on eyLog, and, in the case of a serious injury, an appropriate report made to Ofsted as required by the Early Years Foundation Stage (EYFS) statutory framework. Reports should be made via the Ofsted Contact Centre on 0300 123 1231. Notification will be made as reasonably practical, but in any event within 14 days of the incident occurring. As stated in Ofsted's supplementary guidance, 'on the premises shall be taken to mean during the hours that our provision is in operation (8am-6pm Monday-Friday). Our local child protection agency (Haringey Child Protection) shall also be informed by calling 020 8489 4470. Out of hours Emergency Duty Team: 020 8489 0000.

High Temperature (Fever)

Our practitioners form strong relationships with the children in their care and get to know what is 'normal behaviour' for each child. If a child displays 'out of character' behaviour, such as not eating, lethargy, unusual crying, clinginess, feeling warm and looking flushed or developing a rash, further investigation will be carried out. These symptoms among others often lead to the temperature being checked.

Environmental factors such as, weather/temperature/if the heating is on, clothing the children are wearing, if they have just woken from a sleep, etc. will also be taken into consideration. Practitioners will also check for the presence of other symptoms, sweaty/clammy skin, dehydration (dry nappies, no tears when crying).

An average normal temperature is 36.4°C and can range up to 37.7°C.

37.8°C and above is deemed a high temperature and at this point, the child's temperature will be checked and monitored closely. Readings of the ears and neck will be noted every 10 minutes during which time appropriate measures taken to reduce the fever through non medicinal methods e.g. Fluids will be offered, clothing may be loosened/removed, fans will be used.

- For temperatures of 37.8°C and above, we follow due process as stated above and parents will be contacted when 3 consecutive readings are consistently above 37.8°C. If a child has a temperature of above 38°C, we will contact parents before giving calpol. However, if we are not able to get hold of the child's parents or emergnecy contacts, we reserve the right to adminisrer Calpol if

prior consent has been given. We advise that children do not return to nursery until 24 hours after the last temperature over 37.7°C was recorded and they are well within themselves. If a child after 24 hours has no fever but is still showing signs of being unwell, we are within our rights to send a child home as they warrant further recovery time at home.

- For temperatures above 39°C, parents will be contacted immediately, Calpol will be administered in-line with our medication procedures. Prompt collection will be expected. In addition, immediate medical attention will be sought. They are unable to return to nursery for 24 hours and are also well within themselves.

If we are unable to get hold of parents via phone, and a child's temperature is rising we will use our professional judgement and discretion to administer calpol.

Raised temperature caused by Teething

Teething can cause a mildly elevated temperature of no more than 38°C. We take a 'holistic' approach to teething at our settings and if a child is otherwise well in themselves e.g. eating and sleeping as they normally would, interacting, responding and no signs of nausea/vomiting/diarrhoea we will always seek to keep them at nursery where possible. We would, in this instance, offer teething gels, teething granules and teething toys (sent from home). Where it is difficult to ascertain if a child's fever is attributed to teething we would use a 'discretionary' approach and look for concomitant signs of teething such as a flushed cheek, tugging on ear, not wanting food etc. We would contact parents as appropriate and will always act in the best interest of the child.

It is often the case, that even with a mildly elevated temperature, a child is too uncomfortable to remain at nursery and needs to recover in the comfort of their own home.

Whilst with all temperatures, we require for children to be kept at home for 24 hours, with teething related mildly elevated temperatures, we use a 'discretionary' approach.

5. First Aid

Policy Statement

Woodentots and **Woodland Wanderers** are committed to providing sufficient numbers of first-aid personnel to deal with accidents and injuries at work.

Woodentots and Woodland Wanderers will provide information and training on first aid to employees to ensure that statutory requirements and the needs of Woodentots and Woodland Wanderers are met. Should employees have concerns about the provision of first aid within Woodentots / Woodland Wanderers, they should inform management so Woodentots / Woodland Wanderers can investigate and rectify the situation if necessary.

Arrangements for Securing the Health and Safety of Workers

1. First-aid Personnel

All Woodentots and Woodland Wanderers staff are trained in paediatric first-aid. The settings will ensure that a first aider suitably trained in paediatric first aid is on duty at all times when children are in the premises. First aiders are qualified personnel who have received training in accordance with HSE requirements. First-aid personnel will be provided with refresher training at regular intervals to keep their skills up to date.

Woodentots and Woodland Wanderers will ensure there are sufficient first-aid personnel within the workplace to adequately cover every shift. Notices will be displayed giving the location of first-aid equipment and the names and locations of relevant personnel.

2. Legal Indemnity of First Aiders

It is unlikely that first-aid personnel giving assistance to a colleague will become subject to legal action because of deterioration in the colleague's condition. However, Woodentots and Woodland Wanderers can guard against this possibility by providing, through its insurance policies, indemnification for any member of staff who assists an employee who becomes ill or is injured.

3. First-aid Boxes

First-aid boxes will be provided within the workplace as required to ensure there are adequate supplies for the nature of the hazards involved. Only specified first-aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept.

First-aid kits of the appropriate size and type will be placed in a strategic location as indicated by a first-aid risk assessment. The location of first-aid boxes and the name of the person responsible for their upkeep will be clearly indicated on noticeboards. First-aid boxes will display the:

a. name of the person responsible for upkeep
b. nearest location of further supplies
c. contents of the box and replenishing arrangements

d. location of the accident book.

First-aid boxes will be maintained and restocked when necessary by authorised personnel. These personnel will be aware of the procedure for re-ordering supplies.

4. Portable First-aid Kits

Portable first-aid kits will be available for staff members required to work away from the normal workplace, where access to facilities may be restricted, such as staff participating in outings arranged by Woodentots and Woodland Wanderers/ outdoor learning.

5. First-aid Area

A first-aid area will be provided to assist first aiders when giving treatment. All staff, especially new recruits, must be made aware of the location of the area. This area must only be used for giving first aid during or after illness. The location of the first-aid area will be arranged so that corridors etc. are large enough to allow for a stretcher, wheelchair or carrying chair to be used safely and easily.

6. Use of LifeVac (Airway Clearance Device)

The LifeVac airway clearance device is held on site as an emergency intervention only. It must not be used as a first-line response to choking. In the event of a choking incident, staff must first follow all standard first aid procedures in accordance with their training and current first aid guidance. An ambulance must be called immediately.

The LifeVac may only be used if all appropriate first aid procedures have been attempted and followed, emergency services have been contacted, and the child continues to choke. In such circumstances, the device may only be used by a member of staff who has received appropriate training in its use.

The LifeVac is intended as a last-resort, life-saving measure and does not replace standard first aid or emergency medical care.

6. Hygiene

Policy statement

Woodentots and **Woodland Wanderers** puts the wellbeing of the children in its care at the very core of its services. Woodentots and Woodland Wanderers are keen to ensure that it provides a high-quality environment that is appropriate for its purpose, and that the premises are kept in a clean and hygienic condition for all children and users.

Procedures

It is the responsibility of all staff to ensure that our settings are kept clean and hygienic at all times. Staff will be expected to tidy up and keep the settings clean within the reasonable limits of their role and to report any areas where the settings may be falling below its set standards.

An adequate number of sinks for hand-washing will be provided along with disposable soaps and paper towels / hand dryers

All staff will be expected to display high standards of personal hygiene and to wash their hands regularly throughout the day and especially after going to the toilet or before touching food. All care staff should help the children to keep clean throughout the day and to wash their hands appropriately, especially after using the toilet or before eating.

All staff must wash their hands regularly throughout the day and especially:

- before preparing and eating food for mealtimes, snack times or as part of a food-related activity
- when any visible contamination or soiling occurs
- between handling raw and cooked food
- after handling waste food or refuse
- after tending children with cuts, abrasions or suspected infections
- after wiping their own or a child's nose
- after changing a nappy
- after handling body fluids
- after going to the toilet, either with a child or by themselves
- after eating, coughing or sneezing
- after handling cleaning chemicals.
- Staff should always ensure that toys and equipment are inspected and cleaned regularly. Unhygienic toys should be discarded. A termly toy audit and deep clean will be arranged where old and worn-out toys will be replaced.
- Play sand and play dough will be replaced when necessary.

- Cleaning staff will be made aware of their key role in preventing disease and accidents, and enhancing the appearance of the setting.
- Cleaning staff will be asked to work to a written cleaning schedule which clearly states the items and areas in the setting which are to be cleaned daily, weekly, monthly, termly and annually. The schedule will also include the standards of cleanliness expected.
- All cleaning staff will be provided with detailed work method statements, agreed with their managers, giving easy-to-follow instructions on specific items or areas to be cleaned.
- Cleaning staff will be requested to pay particular attention to kitchen areas and toilet areas and make these priority areas for cleaning.
- In the event of illness amongst the children the cleaning staff will be informed and asked to intensify cleaning for a given period.
- Managers will undertake regular risk assessments and inspections to ensure the work schedule is being followed to the standard required and that the setting is being kept clean and hygienic.
- Managers will make appropriate pest control monitoring arrangements and respond promptly to any evidence of pests.
- Cleaning staff will be expected to keep all cleaning materials safely and securely and out of the way of children. They will also be expected to ensure that all of their cleaning work practices include appropriate health and safety safeguards.
- All staff will be trained to recognise their role in maintaining good standards of cleanliness and hygiene.

Potentially Infectious Spillages

Staff should treat every spillage of body fluids or body waste — such as blood, vomit, faeces and urine — with caution as potentially infectious. As with ordinary spillages, potentially infectious spillages must be cleaned up immediately. When potentially infectious spillages occur, staff should clean using a product which combines both a detergent and a disinfectant, is effective against bacteria and viruses, and is suitable for use on the affected surface. They should use disposable paper towels, wear protective disposable gloves and discard the waste safely.

Mops should never be used for cleaning up blood and body fluid spillages.

Training

In our settings, managers will ensure that all new staff read the policy on hygiene and infection control as part of their induction process. Existing staff should be provided with regular training which should include sessions on hygiene and infection control topics.

Hand Washing

We understand the importance of good practice with regard to hand washing in order to stop the spread of infection, etc.

We support the children to wash and dry their hands correctly. Staff help the children to practice the skills and posters above the wash basins provide a reminder to them when they are more independent.

For outdoor learning where we cannot access hand washing facilities, we will use an wipes / gel.

Children are asked to wash their hands:

- before eating
- after going to the toilet
- after playing outside
- after touching animals

We do lots of activities with the children where we talk about germs and why we need to wash our hands. These include learning simple poems and reading books. If you have any concerns regarding this policy, please do not hesitate to contact us.

7. **Sleep Policy**

Purpose:

Woodentots Nature Babies and Woodland Wanderers identifies the importance offering children a quiet area to relax and sleep during the day whilst working in accordance with the guidelines and foundations set out in the Early Years Foundation Stage (EYFS, 2025)

Under 2's room:

- All cot's used for under one-year olds are in good repair with no loose or missing parts, they are free of lead paint and meet current safety standards.
- Cots are made up with appropriate bedding which avoids pillows, soft bedding (cushioned blankets, duvets and cuddly toys – unless from home and used as comforter)
- Bedding is provided and washed in accordance with the child's attendance and the mattresses are cleaned with antibacterial spray on the last day of attendance for that child, that week.
- Cots will be kept clear of blind cords if near a window and no items will be hung from cots (drawstring bags etc).
- A risk assessment of the room will be done before the children are put down to sleep, this document is kept on the wall in the sleep room.
- All children under two are put down to sleep on their back, never on their tummies. Once the child is old enough to roll over independently, staff will not need to re-position them should they roll onto their fronts to sleep (although they should initially be put down on their back).
- The under-one's children are placed in the cot "feet to foot" (feet should be near the foot of the cot).
- Covers are lightweight and breathable and are never put above the child's shoulders, the sides of the covers will be tucked under the sides of the mattress to avoid the child becoming tangled.
- The temperature of the sleep room must be kept moderate (in a range of 16 – 20 degrees is acceptable) temperature charts will be filled in three times a day.
- Physical checks on sleeping children are carried out every ten minutes by staff and these are recorded on a sleep chart (staff checking children must have completed their induction, passed their key skills in all areas and hold a current DBS check).
- Comforters from home are allowed during sleep times following parents filling out an "all about me" form during the settling in period.
- Bibs and loose clothing must be removed before a child is put down to sleep, this includes hair accessories and teething necklaces.
- We do not recommend beakers or bottles when a child settles down for a sleep, however we can discuss individual needs with the parent.

- The older children in the room will have the option to sleep on a specialised mattress. These children will have a member of staff to sit with them until they fall asleep, after this the same physical checks will be carried out.
- Children waking up should be comforted before playing.
- Sleep times should be recorded in the daily record sheet on Eylog for parents.
- Children must not sleep on sofas.

2's and above

- In the Toddler and Pre-school age group, a part of the setting will be shut down to provide a safe environment for the children who sleep, this area is the room with the wooden house and children usually after lunchtime.
- A risk assessment of the room will be done before the children are put down to sleep, this document is kept on the wall in the main classroom.
- The temperature of the sleep room must be kept moderate (in a range of 16 – 20 degrees is acceptable) temperature charts will be filled in three times a day.
- Each child is allocated their own mattress, bedding and blanket. The bedding and blanket will be washed after the child has finished with them and the mattress will be wiped down with anti-bac spray.
- Covers are lightweight and are never put above the child's shoulders, the sides of the covers will be tucked under the sides of the mattress to avoid the child becoming tangled.
- Children are placed down in a top to toe pattern and asked to lay on their backs
- Loose clothing must be removed before a child is put down to sleep, this includes hair accessories and anything that is around the child's neck.
- A member of staff will stay with the children whilst they sleep recording when they fall to sleep and when they wake up
- Physical checks on sleeping children are carried out every ten minutes by staff and these are recorded on a sleep chart (staff checking children must have completed their induction, passed their key skills in all areas and hold a current DBS check).
- Children waking up should be comforted before playing
- Children must not sleep on sofas.
- There will be a cosy/ quiet area in each room with cushions for children to rest should they become tired or need some quiet time throughout the day.

Arrival of Sleeping Children

As part of our safeguarding procedures, it is our policy to wake any child who arrives at the setting asleep. This is to ensure the child's wellbeing, confirm they are responsive and well, and allow key staff to observe them prior to the parent or carer leaving. This practice supports our commitment to maintaining high standards of safeguarding and enables us to monitor any potential concerns effectively.

Sleep limits

To support children's wellbeing, emotional regulation, and healthy development, the setting will not wake a child from sleep until they have slept for a minimum of one hour. This applies even where a child has an agreed sleep limit of less than one hour.

Sleep limits will only be implemented after a child has received at least one hour of uninterrupted rest, unless there are exceptional circumstances relating to the child's immediate health, safety, or care needs.

8. Use of Dummies in Nursery Policy

We recognise that a dummy can be a source of comfort for a child who is settling and/or upset, and that it may often form part of a child's sleep routine.

We also recognise that overuse of dummies may affect a child's language development as it may restrict the mouth movements needed for speech. As babies get older, they need to learn to move their mouths in different ways, to smile, to blow bubbles, to make sounds, to chew food and eventually to talk. As babies move their mouths and experiment with babbling sounds, they are learning to make the quick mouth movements needed for speech. The more practice they get the better their awareness of their mouths and the better their speech will be.

Our nursery will:

- Discuss the use of dummies with parents as part of babies' individual care plans
- Only allow dummies for comfort if a child is really upset (for example, if they are new to the setting or going through a transition) and/or as part of their sleep routine
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children
- Immediately clean or sterilise any dummy or bottle that falls on the floor or is picked up by another child
- Dummies will be disposed of if they become damaged and/or when they are required to be disposed of

When discouraging the dummy staff will:

- Make each child aware of a designated place where the dummy is stored
- Comfort the child and, if appropriate, explain in a sensitive manner why they do not need their dummy
- Distract the child with other activities and ensure they are settled before leaving them to play
- Offer other methods of comfort such as a toy, teddy or blanket
- Explain to the child they can have their dummy when they go home or at sleep time.

We will also offer support and advice to parents to discourage dummy use during waking hours at home and suggest ways which the child can be weaned off their dummy through books and stories (when appropriate).

END.