

**North Islington
Nursery School &
Children's Centre**



**Welfare
Statutory Requirements**

Signed on behalf of Governing Body: Sally Franklin

Date: 10/03/23

Review Date: March 2025

The Learning and Development Requirements

Please see our Teaching and Learning Policy

The Safeguarding and Welfare Requirements, Child Protection

Our Designated Safeguard Lead is: Sally Franklin

Please see our Child Protection Policy (September 2023)

Staff Training

All staff are required to take part in our comprehensive Personal Development and Supervision procedures.

All staff are provided with supervision meetings and 1:1 performance management meetings every 6-8 weeks.

Staff are observed by the Leadership team and support and training is tailored to meet individual needs and to enable staff to complete actions on our school improvement plan.

All training is recorded centrally and in staff's individual personnel files.

All staff that work directly with children hold their Paediatric First Aid certificate. This is renewed every 3 years as required.

Other statutory training includes: Food Hygiene, Fire Safety and Manual Handling. Again, this training is renewed every 3 years as required.

Health

All accidents that happen on the school premises are recorded in class accident folders.

Parents are required to sign that they have been informed about their child's accident.

Accidents are monitored monthly by the School Business Manager and trends/concerns are shared with the Head Teacher. Any actions deemed necessary to prevent accidents occurring are managed immediately.

Any accident involving a head injury requires staff to telephone parents immediately and to also complete an additional head injury form for parents to read.

Please see our Managing Medicines Policy

There are first aid boxes in all classrooms. These are managed by named first aiders for each room. The boxes are replenished as and when necessary and monthly checks are standard.

Managing Dietary Requirements

At North Islington Nursery School, staff initially meet with parents at an admission meeting to establish if a child has an allergy, medical condition, special educational need or a food intolerance.

Where a child has a food intolerance/allergy, their parents/carers must provide written evidence from their G.P or paediatrician. These are guidelines from Caterlink who we contract in to provide freshly cooked meals for the children.

In cooperation with parents/carers, we will complete a medical/diet plan that details what a child is unable/restricted to eat and what the plan is in case of a medical emergency. Any medical equipment such as an Epi pen will be placed in the first aid cupboard within a child's separately labelled red box.

Staff have been trained in using an Epi pen and other subsequent training will be sought from our local nursing partners where necessary.

Diet/medical plans are updated at least termly and parents are reminded to update staff of any changes/adaptations to the plan that we should be aware of.

Once staff have established if a child requires an adapted diet different to that of our three weekly menu, the School Business Manager works with the kitchen and kitchen area supervisor to create a separate meal plan for each child. This is shared with parents. Once agreed, this is shared with all staff but in particular staff based in the room where the child is.

Each room is provided with a dietary requirements sheet. This sheet shows the name and photo of each child that has a food allergy/intolerance or these children that may be vegetarian or pescetarian. These are placed on the wall in the classrooms and on tables at meal times.

The school purchases snacks for the children such as gluten free bread sticks as these are not provided by Caterlink.

Where there is no alternative for a prohibited pudding option, fresh fruit is always given as an alternative.

We also provide daily food diaries for all children that have a food intolerance/allergy. This will mean that parents can clearly see what their child has been offered/eaten. The diaries enable staff to make further changes to meal plans if children are not eating what is offered or it becomes repetitive. It is hoped that the diaries will reassure parents that their child is only being served foods that they are allowed to eat.

Parents are reminded through email, texts and through newsletters to update the school with any changes in their child's dietary needs. Information regarding these needs are given to Louise in reception who in turn informs the classrooms and updates any paper work shared with staff such as the dietary restriction lists etc. The School Business Manager then liaises back with kitchen staff to prepare new meal plans.

All staff meet regularly to discuss children's well being. Any information that needs to be shared is done so at these meetings. Staff also use a communication board to note down important information so that everyone stays updated and informed about individual children's needs.

Managing children when they are unwell

Sickness and Diarrhoea

The school follows the following guidance when making decisions about children who appear unwell: [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/managing-specific-infectious-diseases-a-to-z)

Within this guidance, diarrhoea is defined as 3 or more liquid or semi-liquid stools within a 24-hour period in **adults and older children** or **any** change in bowel pattern in **young children**.

From time to time children will vomit and have bouts of diarrhoea either at home or whilst at school. The guidance for managing specific infectious diseases sets out that ALL children must stay at home for 48 hours after the last bout of vomiting or diarrhoea.

Unfortunately, it is not possible for staff to distinguish between the causes of diarrhoea/loose stools. We cannot always be certain that loose stools are caused by a food intolerance (unless diagnosed by a health professional) or because of an infection.

When children vomit or produce stools that are more loose than usual for a child we will also reflect on other circumstances:

- Does the child appear lethargic?
- Does the child feel warm to touch?
- Has the child refused food or water?
- Has there been more than one other case of vomiting or diarrhoea in the room/school?

This information will enable staff to make an informed decision regarding whether the child needs to go home. If none of the above apply, staff may adopt a wait and see policy as loose stools may be a 'one off' occurrence. However, if a child produces a loose stool more than once, we will call for them to be collected. If a parent is not contactable, staff will use their emergency contact details.

We will not use this process for vomiting. If a child vomits then parents will be asked to collect their child immediately (This does not apply to children under the age of 1 who may frequently 'bring up' milk after feeding).

If parents/carers feel that their child may produce loose stools for reasons other than an infection, it is advisable that they seek advice from their G.P. This will prevent children having unnecessary time off from school.

Children that are unwell

Any child that displays symptoms of being unwell will be comforted by staff until their parent/carer arrives to collect them. This includes:

- Ensuring the child is comfortable – clothing removed if hot, tepid flannel used to control temperature and allowing them to sleep whilst being supervised

- Water will be offered
- A quiet space will be provided for rest whilst waiting for a parent/carer to arrive
- If a child's temperature is high or rising rapidly, we will seek permission to administer paracetamol (Calpol) which we keep on site. This will need to be signed for upon collection of your child.

Parents/carers will be called to collect their child if they are unwell and cannot join in with the regular activities on offer. Parents/carers are expected to collect their child as soon as possible after being contacted by us. If we are unable to contact a parent/carer we will use emergency contact details.

We will use guidance from the UK Health Security Agency to inform any decision about possible exclusions from school and we may also advise that parents/carers seek advice from their G.P. This is common when children develop a rash/spots.

Any child that has been prescribed antibiotics must wait **48 hours** after being administered their first dose of medication before they return to school. After this time, staff will be able to administer subsequent doses once the parent/carer completes the relevant permission form. All oral antibiotics will be kept refrigerated unless the medication specifies otherwise.

Managing Behaviour

We adopt a positive approach to behaviour management. Our policy is completed in co-operation with parents/carers.

Please see our Behaviour Management Policy (April 2024)

Safety and Suitability of Premises, Environment and Equipment

Please see our Health and Safety Policy

Please see our Fire Safety Policy

Please see our Outings Policy

Special Educational Needs

We have a named SENCO: Becky Powell. She works in school 4 days each week.

Please see our SEND Policy

Please see our SEND Local Offer

Information and Records

All information about children is kept in locked filing cabinets or can be found under our Management Information System (SIMS). The school administrator, business manager and members of the leadership team have access to children's files. In an emergency, children's contact details can be obtained from file in the main office. All staff may access this file.

Safeguarding information for individual children is kept in a speared locked filing cabinet in the head teachers office. Information is also stored electronically on CPOMS. The leadership team/Designated persons have access to this information.

We have a named governor for Data Protection.

Please see our Data Protection Policy

Please see our ICT: Acceptable Use Policy for parents

Please see our ICT: Data Security Policy

Intimate care

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products & personal hygiene.

Only staff with a full and current DBS check is able to carry out intimate care procedures and key persons will be primarily responsible for carrying out these duties with those children they have formed attachments with.

Children who are not yet toilet trained will not be excluded from any activity in the nursery. Intimate care is discussed with all employees during their induction.

All staff wear protective gloves & aprons for nappy changes, administering first aid or cleaning a child who has soiled themselves.

- Every child will be treated with dignity & respect. Privacy is ensured appropriate to the child's age and situation. We have separate toilets for the children to use with doors.
- Parents will be consulted about the intimate care that is given to their child. i.e. real nappies, water only.
- We will work in partnership with parents on an individual basis to make reasonable adjustments to meet the needs of each child.
- Nappies are changed in the nursery bathroom on a designated change table/mat. This is enclosed enough to give the child privacy, yet not out of sight of other staff.
- The child will be involved as much as possible in his or her intimate care. We will allow the child to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child's body. We will support the children in doing everything that they can for themselves.
- If a child is fully dependant on an adult we will talk to him/her about what we are doing and give choices where possible.
- An adult who is not familiar to a child will never support them in intimate care.
- Adults will be responsive to a child's reactions.
- We will encourage the child to have a positive body image of his/her own body.
- We will make sure the practice of intimate care is as consistent as possible.
- Children will be encouraged to wash their hands after messy play, after using the toilet, before & after eating.
- Staff will report on the following to the Designated Safeguard Lead/Deputy Designated Safeguard lead if:
 - You accidentally hurt a child
 - The child seems sore or unusually tender in the genital area
 - The child misunderstands or misinterprets something
 - The child has a very strong emotional reaction without apparent cause (sudden shouting or crying)

All staff will ensure that they protect themselves by following these guidelines:

- Always tell another member of staff when you are doing a change or accompanying a child to the toilet
- Always ensure that a child's privacy is protected
- Always ensure that you are visible to other members of staff
- In some instances, it may be appropriate for 2 members of staff to change a child, i.e., if a child gets very distressed when being changed.
- Always wear protective gloves & aprons and dispose of the nappies in yellow sacks
- Always wash hands thoroughly after supporting a child with intimate care

Sleep

Young children can become very tired during the day and need the opportunity to rest/sleep within the nursery day. Every child's needs are different so we provide flexibility and opportunities for children to take rests and naps as they need and desire. It is VERY important that young children get ALL the sleep they need and so we prioritise and facilitate this. We try to respect parental wishes with regard to children's sleep but the welfare of the child is always paramount.

Comfort blankets and soft toys are most welcome for they bring enormous comfort and reassurance to small children especially when they are new to the nursery and during rest and sleep times. PLEASE NAME THEM. Parents may wish to provide dummies for their little ones for they too can provide comfort during rest and sleep times however the nursery does not provide, supply or ever introduce them to children themselves. If parents do provide dummies for their children to use it is essential that they also provide a hygienic Dummy Pot that can be sealed to store the dummy in when not in use. Dummies are usually restricted to sleep and rest times. They are not encouraged in the classroom for they can hamper a child's speech, interaction with others and are a major cause of speech delay

- The preferences and wishes of parents are always valued and respected and staff work closely with them to ensure each child's individual needs are carefully met.
- Younger babies usually need both morning and afternoon sleeps but these depend upon parents' wishes.
- Some parents prefer their children to only have a short sleep – fearing that it infringes on their night time sleep and this will be taken into account provided, it is also clearly in the child's best interests.

Sleep Records

Sleep records are completed each day for those children who nap and are available at any time. Younger babies have their sleep and eating routine recorded in daily diaries.

Procedures for sleep/nap time

- After lunch all younger children will be offered a rest/sleep either in nests or on sleep mats in carpeted areas. The whole room will be darkened to create a quiet restful place
- Staff will sit beside children while they are drifting off to sleep and once they are sleeping at least two staff members will stay in the room to conduct physical checks on the children
- Other staff will always be available in the room adjacent, providing age appropriate activities for children who have slept earlier in the day
- The room temperature in the sleep area will be maintained at 18-20C steadily throughout the day and monitored on the daily checklist form
- Babies will be put to sleep on their back unless there is a medical reason that necessitates for the child to sleep in a different position
- Heavy clothing and shoes will be removed to make children comfortable
- Children will be allowed to keep their comfort objects but staff members will ensure that they are kept away from their faces during their sleep time
- Bottles and beakers will be taken as soon as children have finished drinking
- All children will have their own sleep mat/nest and their bedding will be changed weekly unless soiled when it will be changed straight away

- In Ocean room, older children will be offered a rest/nap in consultation with parents after lunch where they can join toddler room children

Smoking

- All staff, parents and volunteers are made aware of our no-smoking policy
- We display no-smoking signs
- The no-smoking policy is stated in our information brochure for parents
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours. Unless on a break and off the premises
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues

Complaints

We keep a complaints file which outlines any formal complaints made by parents/users of the school. This file also details our response to any formal complaint.