

Parent Handbook

Health and Medication Policies



Kaleidoscope Care Sleaford

Policies and Procedures from September 2025

All Policies in this Handbook have been created or reviewed in accordance with the *EYFS framework for group and school-based providers July 2025*.
(effective from September 2025)

Updated, August 2025, by Lia Ruddlesdin

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Promoting Health and Well-Being Policy

Our Club aims to support daily health practices, including oral health, hygiene, and overall well-being. This is achieved by providing opportunities for children to be physically active, supporting emotional well-being, encouraging creativity and self-expression, facilitating outdoor activities, promoting healthy eating, allowing time to rest, and maintaining good hygiene routines such as washing hands after using the bathroom and before eating or preparing food. The club also discusses the importance of these habits.

Healthy Practices

The club promotes hygiene, nutrition, and habits that encourage long-term health.

- Providing balanced meals and snacks (menus are available)
- Emphasising hygiene, including hand washing after using the toilet and prior to eating or food preparation
- Discussing the importance of dental care and regular dentist visits
- Limiting technology use

Physical Activity

Regular physical activity is encouraged to help children maintain their physical health. Opportunities are provided both outdoors and indoors through exercises, group games, and outings within the local community.

Emotional Well-being

The club provides an environment intended to help children feel comfortable and at ease, where they can form relationships and share thoughts without judgement. Spaces are available for quiet time, conversation, and creative expression through activities such as art, music, and drama.

Time

The club recognises the value of giving children sufficient time to engage in activities and reflect on their experiences. Children are encouraged but not required to participate in activities, enabling them to make their own choices and develop decision-making skills.



Health and Safety Policy

It is the settings aim to create a safe environment and to encourage ways of working which will ensure the safety of children, employees and all other persons who come onto the premises.

Our appointed Health & Safety Officers are Lia Ruddlesdin and Keith Ruddlesdin; it is their responsibility to ensure that the children and staff within the setting are in a safe environment. Matters concerning Health & Safety should be brought to the attention of the Health & Safety Officer or the person in charge in her absence. Although, it is also the responsibility of all staff to report any concerns regarding Health & Safety to the above person who will then be responsible for recording and acting upon them.

The Health & Safety Officer is responsible for the regular review of our Risk Assessments, and to ensure that all staff are, trained and aware of both Risk Assessment and Health & Safety Policies.

Maintaining children's safety – Health, safety and security responsibilities:

By law, employers are responsible for making sure the workplace (play setting) and the equipment is in a safe condition that presents no risk to health and safety. Employees and volunteers (Play workers) have a parallel responsibility to co-operate with employers to care of themselves and others. The Health and Safety Act 1974 protects the health, safety and welfare of workers, children, parents and public. The recent Management of Health and Safety at Work Act 1992 has more specific regulations. It now includes the basic principles of managing risk through a mixture of assessment, training and balanced control measures.

Employers must:

- Ensure the setting/equipment (handling, storage, transporting) is in a safe condition and presents no risk to health.
- Provide adequate welfare facilities and a safe working environment to ensure staff and children are not exposed to Health and Safety risks.
- Assign tasks to staff considering their capabilities about health and safety.
- Appoint people who are competent to carry out specific tasks.
- Provide information, training and supervision.
- Assess all risks to the Health and Safety of employees, visitors and children who may be affected by the activities and the use of their premises by others. Measures must be put in place to remove or adequately control these risks e.g. children, young people should not be left alone with people who share the premises.
- Develop emergency procedures i.e. accident and fire.
- Provide staff training to recognise hazards, assess the risk and implement the measures for their protection and the protection of others.
- Monitor and review procedures and practice.

Employees must:

- Co-operate with their employer and take care of themselves and others.
- Not interfere with or misuse anything provided in the interests of Health and Safety.
- Undertake appropriate health and safety training so that they are fully aware of the relevant issues, regulations and procedures for all play activities with which the children are involved, for example, fire safety, outings, moving and handling equipment etc.
- Undertake Child Protection training to ensure awareness



Medication Policy

If a child attending our setting requires medication of any kind, their parent or carer must complete a **Permission to administer medicine** form in advance. Staff at the Club will not administer any medication without such prior written consent.

As part of Safeguarding, we will follow all procedures to ensure the safety of the child is always paramount, we will not deviate from the procedures to suit the individual. The Club will administer both prescribed and non-prescribed medication. However, the setting will only administer non-prescribed medication for a short initial period, for Safeguarding purposes all administration of medication is monitored closely and logged. We will only give medication for the number of days stated on each individual medication label, thereafter medical advice must be sought if the ailments persist.

Prescription medication

Practitioners at the setting will only administer prescribed medication that has been prescribed by a doctor, dentist, nurse, or pharmacist. If a medicine contains aspirin, we can only administer it if it has been prescribed by a doctor. All prescription medications provided must have a prescription sticker attached which includes the child's name, the date, the type of medicine and the dosage.

Non-prescription medication

If a child requires a non-prescription medication to be administered, we will consider this on a case-by-case basis after careful discussion with the parent or carer. We reserve the right to refuse to administer non-prescription medication. Non-prescription medicine does not require a GP prescription before Out of School Club can administer.

If Ibuprofen or paracetamol has not been prescribed by the doctor the setting asks that parents complete a disclaimer on the medication form, providing the setting with the reason the medication is needed. This will be required each time the child requires the medication. However, the setting reserves the right to refuse to administer medication to the child if they consider that there is no valid reason for doing so.

The parents must declare on the medication form that the children have had the medication previously and have had no bad reaction from it.

Procedure for administering medication

Practitioners will check the details provided on the medication form that; the strength, dose and times of administering are correct for the child. The setting does not keep a supply of any medication on site, therefore, if you feel your child may fall ill during the day or your child is prone to Febrile seizures (febrile convulsions) we recommend that you sign in the Ibuprofen or paracetamol and complete a disclaimer for the setting to administer medication to your child if necessary.

If the child requires Ibuprofen or paracetamol for a temperature the setting will send the child home. The child will not be able to return to the setting until they are clear of the temperature for 24 hours without the aid of Ibuprofen or paracetamol.

To help reduce the child's temperature before the parent arrives, the setting may use other methods such as remove clothing but still be appropriately dressed for their surroundings, fanning, drink of water. The child will be closely monitored until the parents collect the child.

Ibuprofen/Paracetamol will not be kept on the premises overnight, parents must sign the medication out each day and take it home and sign back in the next day if needed.

The medication given must be in its original bottle that it was dispensed in, not decanted into any other container. The existing dispensing label(s) should never be altered.

Prior written consent must be given for each medicine from parent/carer before any medication is given.



The label on the medication should have the following information:

- Child's name (prescribe medication will only be given to the person named on the container for the dosage stated)
- Name of medication and strength
- Dosage of medication
- Frequency of dose in 24 hrs
- Date of dispensing or date of alteration

The following checks and information must be recorded:

- The expiry date should be checked on the medication.
- The medication contains No Aspirin, unless prescribed by a G.P for a specific medical condition.
- The quantity of medication received should be recorded on the consent form
- Information will be taken from the consent form and written on the daily reminder sheet, which is displayed prominently.
- Dosage on the dispensing label should correspond to the dosage on the consent form.
- If the G.P does not state that the medicine is to be given to the child for example every 4 hours on the medication bottle/box, the setting must follow the manufactures label. It is advised that parents ask the G.P to state on the medication label what intervals the medication is to be given to the child as the setting will not go against the manufacturer's instructions unless the G.P sates otherwise.
- When the label states doses are to be given 4 times a day, it is our policy based on NHS advice that this is in the 24-hour day unless stated during the waking day.
- The setting will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- All details should be entered on the medications form and to include a signature of a witness. Parents/carers must sign this before they leave the premises; to check they know the medication has been administered.
- Parents must be asked when the child had last been given the medication before coming into the setting; this information will be recorded on the medication form.
- Any letters from parents/carers concerning medication must be kept with their consent form.
- All medications must be stored out of the reach of children and independently of each other, in a lockable non-portable container (except where storage must be in the fridge which will be stored within the staff room fridge to ensure that it is out of the children's reach).
- It is the person in charge who is responsible to ensure all children due medications receive them, forms are filled out correctly and parents signed.
- Medications should only be administered to one child at a time.

The setting will only prescribe medication as directed and in its original form. The setting will not crush or add medication to food or drinks unless this is written in the specific directions for that type of medication, or a health care professional has given written instruction to do so.



Specialist training

Certain medications require specialist training before use, eg Epi Pens. If a child requires such medication the manager will arrange appropriate training as soon as possible. It may be necessary to absent the child until such training has been undertaken. Where specialist training is required, only appropriately trained staff may administer the medication.

Specific permission, instruction and training must be obtained before an agreement is reached with a parent to administer specialist medications (e.g. nebuliser), and or lifesaving/emergency medications (such as adrenaline injections). Please Note: This training is specific to the individual child concerned. A health care plan will be established for these children, which will include:

- A letter from child's G.P./Consultant stating that the child is fit enough to attend and information about the child's condition.
- Instructions on how and when the drug/medication is to be administered and what training is required.
- Written proof of training, if required, in the administration of the medication by the child's G.P., a district nurse, specialist or community pediatric nurse.
- Prior written consent from the parent/guardian to allow medication to be administered.

Changes to medication

A child's parent or carer must complete a new **Permission to Administer Medication** form if there are any changes to a child's medication (including change of dosage or frequency) and the **Medication Log** must be updated

Long term conditions

If a child suffers from a long-term medical condition the Club will ask the child's parents to provide a medical care plan from their doctor, to clarify exactly what the symptoms and treatment are so that the Club has a clear statement of the child's medical requirements.

All medication will only be administered by practitioners who have been designated to do so.



Accidents and First Aid Policy

At the setting, we always aim to protect children during their attendance, however we recognise that accidents or incidents may sometimes occur. The following outlines our policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen; and that the circumstances of the accident or incident are reviewed with a view to minimising any future risks. Each accident is assessed under the criteria laid out under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and EYFS 2025.

Training

The setting aims for all practitioners working at the club to have training in paediatric first aid, a minimum of one practitioner will be always trained with paediatric first aid, including mealtimes. Additionally, a minimum of one staff member will be trained with first aid at work. Training is updated every 3 years on a rotational basis.

Current First aiders are:

Paediatric First Aid and Emergency First Aid at Work

Keith Ruddlesdin
Lia Ruddlesdin
Paige Ruddlesdin
Liana Clifton
Debbie Underdown
Harry Stewart
Amy Bales

Paediatric First Aid

Hannah Beasley
Nikki Marriot

First aid

Practitioners are aware of the location of the first aid kit, accident and incident forms and the procedures for reporting.

First aid kits are in each of the office and Kitchen. They are easily accessible with appropriate content for use with children. The practitioners first aid box is kept in the Office. This is kept out of reach of the children.

The appointed person responsible for first aid checks including the contents of the boxes are the settings First Aiders.

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressings, bandages and eye pads. No other medical items, such as paracetamol should be kept in them.

A List of first aiders is displayed at the club. When children are taken on an outing away from the club site, we will always ensure they are accompanied by at least one practitioner who is trained in first aid. A first aid box is taken on all outings. Personal protective equipment (PPE) is provided according to the need and accident to be dealt with. Practitioners wear PPE to protect themselves and children when dealing with tasks that involve bodily fluids.

Dealing with blood

We ask parents to inform us during the Admissions Process if they, a member of their family or their child has a condition that may be transmitted via blood. Any practitioners dealing with blood must:

- Always take precautions when cleaning wounds as some conditions such as hepatitis or the HIV virus can be transmitted via blood.
- Wear disposable gloves and wipe up any blood spillage with disposable cloths, neat sterilising fluid or freshly diluted bleach (one part diluted with 10 parts water). Such solutions must be carefully disposed of immediately after use.

Needle punctures and sharps injury

We recognise that injuries from needles, broken glass and so on may result in blood-borne infections and that practitioners must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any practitioners dealing with needles, broken glass etc. must treat them as contaminated waste. If a needle is found the Local Authority must be contacted to deal with its disposal.

At the setting, we treat our responsibilities and obligations in respect of health and safety as a priority, and we provide ongoing training to all practitioners which reflects best practice and is in line with current health and safety legislation.



Accidents

Location of accident files: **On Site**

- The person responsible for reporting accidents, incidents or near misses is the practitioner who saw the incident or was first to find the child where there are no witnesses. They must record it on the appropriate Accident Form and report it to the Manager of the club or another senior member of the team. Other practitioners who have witnessed the accident may also countersign the form and, in more serious cases, provide a statement. This should be done as soon as the accident is dealt with, whilst the details are still clearly remembered. Parents must be shown the Accident Report and, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable. If parents refused to sign for any reason this will be recorded on the accident form with the name of the person informed
- Accident forms are reviewed at least monthly/for patterns, e.g. one child having a repeated number of accidents, accidents within a particular area in the setting or a particular time of the day when most accidents happen. Any patterns will be investigated by the setting and all necessary steps to reduce risks put in place
- Any serious accident will be reported to the Registered Person for investigation for further action to be taken (i.e. a full risk assessment or report under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR))
- The Accident File will be kept for at least 21 years and three months
- Where medical attention is required, a senior practitioner will notify the parent(s) as soon as possible whilst caring for the child appropriately. If parents/carers cannot be reached immediately, and emergency treatment is required (either on the premises or on an outing) the Manager will call an ambulance. Parent's declare that they agree with this action when completing the Child's Health and Registration Form.
- Where medical treatment is required the Management Team will follow the insurance company procedures, which may involve informing them in writing of the accident.
- The Setting Manager/Registered Provider will report any accidents of a serious nature to Ofsted and the Local Authority Children's Social Care Team (as the Local Child Protection Agency), where necessary. Where relevant such accidents will also be reported to the Local Authority Environmental Health Department or the Health and Safety Executive and their advice followed. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.

Organisation	Contact
Ofsted	0300 123 1231 or online https://ofstedonline.ofsted.gov.uk/ofsted/Ofsted_Early_Years_Notification.ofml
Lincolnshire Safeguarding Children Board	01522 782111
Local authority environmental health department	03708506506
Health and Safety Executive	01522 552222
RIDDOR report form	http://www.hse.gov.uk/riddor/report.htm

Emergency Procedure

In the event of an accident/emergency involving one child, practitioners will:

- Administrate first aid if it is required whilst ensuring that the remaining children are supervised in a calm manner and ratios are maintained
- Call the child's/children's parents/carers
- Call an ambulance or medical professional if one is required
- Inform the Manager or most Senior Practitioner present about the accident

- If the parent is unavailable a practitioner would accompany the child in the ambulance should this be necessary, prior consent is sought at time of registration, for us to act in this situation. A remaining practitioner will be designated to keep trying to contact the parents and inform them in a calm manner of the situation.
- If the situation does not require evacuation from the room or premises, but is isolated to one or more child, then the person in charge of the room should call either The Manager or most Senior Practitioner. The Manager or Senior Practitioner would then make suitable arrangements for the remainder of the group, depending on the circumstances of the emergency
- Parents are informed of all accidents, and in the case of a serious accident or injury the Health & Safety Executive (RIDDOR), Ofsted and Children's Services are informed.

Head injuries

If a child suffers a head injury in the setting, the injury will be assessed and dealt with accordingly. We will:

- Assess the child's condition to ascertain the seriousness of the injury and if hospital treatment or an ambulance is required. We will follow our procedure for this if this is required (see below)
- If the **skin is not broken** we will administer a cold compress for short periods of time, repeated until the parent arrives to collect their child
- If the **skin is broken** then we will follow our first aid training and stem the bleeding
- Call the parent and make them aware of the injury
- Keep the child in a calm and quiet area whilst awaiting collection
- For major head injuries we will follow our first aid training.
- Accident form will be completed as soon as reasonably possible; priority will be given to treatment of the child.

Transporting children to hospital procedure

The Setting Manager/Practitioner must:

- Call for an ambulance immediately if the injury is severe.
- Whilst waiting for the ambulance, contact the parent(s) and arrange to meet them at the hospital/ setting
- Arrange for the most appropriate practitioner to accompany the child taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter
- Inform a member of the Management Team immediately who may redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together.
- Remain calm, as children who witness an incident may well be affected by it and may need reassurance. Staff may also require additional support following the accident.



Infection Control Policy

The setting promotes the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread. We follow the health protection in schools and other childcare facilities guidance which sets out when and how long children need to be excluded from settings, when treatment/medication is required and where to get further advice from.

As good practice we follow basic infection control procedures:

- Children and adults must cover their mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.
- Used tissues must go in the bin straight away.
- Hands must be washed with soap and water often – use hand sanitiser gel if soap and water are not available.
- Try to avoid close contact with people who are unwell.
- Regularly clean and disinfect surfaces, equipment and toys.
- Do not touch your eyes, nose or mouth if your hands are not clean.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus, which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses. Where contagious outbreaks occur, we will adopt government guidance for all visitors to minimize the risk of further spreading infection and take other precautionary measures, for example social distancing if or when advised during a pandemic.

The setting will encourage all children to use tissues when coughing and sneezing to catch germs and ensure all tissues are disposed of in a hygienic way. All children and staff must wash their hands once the tissue is disposed of and practitioners should help develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy. They remind children to wash their hands before and after eating, after visiting the toilet, playing outside and taking part in messy play. All toys, equipment and resources will be regularly cleaned.

The setting will provide appropriate Personal Protective Equipment (PPE) for practitioners when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately. Practitioners will clean toilets daily and check them throughout the day. Stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid will be continually maintained. All waste will be disposed of appropriately.

The setting will follow our health and illness policy when children are ill to prevent the spread of any infection in the setting and to other children and families accessing the settings provision. Staff will follow staff policies regarding health and illness and should stay at home if they are contagious. The setting manager retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the setting.

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Exclusion Periods

The setting promotes good health through positive role modelling, including good hygiene routines, healthy eating, and openly discussing the importance of taking care of yourself, including good dental hygiene.

Exclusion procedure for illness/communicable Diseases

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team .
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents .
Diphtheria*	Exclusion is essential. Always contact your local UKHSA health protection team .	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team . For more information, see Managing outbreaks and incidents .
Glandular fever	None	
Hand foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	



Infection	Exclusion period	Comments
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local UKHSA health protection team for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance .	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including

Infection	Exclusion period	Comments
		staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local UKHSA health protection team will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	<p>Preventable by vaccination.</p> <p>After treatment, non-infectious coughing may continue for many weeks.</p> <p>Your local UKHSA health protection team will organise any contact tracing.</p>

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a [useful resource](#) to share with parents.

Exclusion table

5th March 2025 [Children and young people settings: tools and resources - GOV.UK](#)



The above list shows examples of illnesses which will require exclusion from the setting. It will be the responsibility of the club to inform the child's parents as soon as possible whether a child becomes ill or has an injury whilst at the setting. In either circumstance, the parent or designated collector must collect the child promptly.

In the case of a pandemic, the setting will follow Government and Public Health England Guidance regarding exclusion, for example in the case of COVID 19 where symptomatic children and their families should be excluded from the setting for 14 days. The setting will update families in each individual circumstance of virus/infection outbreaks as to exclusion periods and measures that are necessary.

We **must** be notified by the parent/carer as soon as possible if a child has a communicable disease, confirmed by his/her doctor, so that other parents/carers can be warned within 24 hours of their child's exposure. Notification of exposure to infectious diseases will be done in the form of an emergency newsletter, verbally and information on the setting's notice board.

If a child who attends the setting is suffering from a notifiable disease identified as such in Public Health Infectious Diseases Regulations 1988, Ofsted and the Health Protection Agency will be informed, and we will act upon advice given by Health Protection Agency and inform Ofsted of any action taken.



Food Safety Policy

Our Club is committed to ensuring that safe and healthy practises around the storage, preparation and service of food are always followed. Staff involved in food handling and preparation must meet high standards of personal hygiene. Any member of staff showing signs of infection or ill health will not be permitted to handle food.

Standards

Meals that are prepared and cooked on the premises are done so by practitioners who have been trained in accordance with "Safer Food Better Business". During holiday club, children provide their own packed lunch.

Staff are also trained in food hygiene, either level one or two.

Kaleidoscope Care is registered by the local Environmental Health Department and follow "Safer Food Better Business". As part of providing food we are inspected by the authorities and have been awarded a five-star rating in this area.

It is a requirement that in the event of two or more children whom are looked after on the premises being affected by any food poisoning, Ofsted and the local Environmental Health Department will be notified. This will be done as soon as reasonably practicable, but in any event within 14 days of the incident (EYFS 2025).

All staff involved in food handling have received food handling and hygiene training. When preparing food, staff follow the requirements of current food hygiene legislation, and best practice including:

- Always washing hands with anti-bacterial soap and hot water before and after handling food and using the toilet
- Using clean, disposable cloths
- Using the correct colour coded chopping boards (e.g. red for raw meat)
- Not being involved in food preparation if they are unwell
- Making sure all fruit and vegetables are washed before being served
- Removing jewellery, especially rings, watches and bracelets, before preparing food
- Covering spots or sores on the hands and arms with a waterproof dressing
- Keeping fingernails short, clean, and free from varnish
- Staff **must** prepare food in a way to prevent choking
- Staff must prepare food in line with allergies, intolerances, and special dietary requirements of the children attending

Supervision whilst eating

Whilst children are eating there **must** always be a member of staff in the room with a valid paediatric first aid certificate. Children **must** always be within sight and hearing of a member of staff whilst eating.

Staff are made aware of choking risks and the choking hazards poster is displayed along with the choking hazards advice table.

Our Club recognises that choking can be completely silent, therefore visual supervision of children's faces whilst eating is part of our everyday practice. Staff will remain vigilant that children are eating in a way that prevents choking and are ready to react to any unexpected allergic reactions.

Allergies and dietary requirements

Before a child is admitted to the setting we will obtain information about any special dietary requirements, preferences, food allergies and intolerances that the child has, and any special health requirements. This information will be shared with all staff involved in the preparing and handling of food.

At each mealtime and snack time all staff present are responsible for checking that the food being provided meets all the requirements for each child.

Practitioners will have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information must be kept up to date by the setting and shared with all staff. When completing Health Care plans practitioners seek advice from the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan and NHS advice on food allergies: Food allergy - NHS (www.nhs.uk) and treatment of anaphylaxis: Anaphylaxis - NHS (www.nhs.uk). Our club communicates allergen information to parents through: Our Menu



Staff Training and Allergen Awareness

All practitioners receive food allergy training as part of their induction training. Staff also complete training by food standards agency [Home | FSA Food Allergy Training](#). Our club ensures that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time (This can be found on Atlas). Each child with allergies and intolerances will have a health care plan created with parents.

Incident Recording

When a child experiences a choking incident that requires intervention, staff must record details of where and how the child choked and make parents and/or carers aware.

The Managers at the club will review records periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking. Appropriate action will be taken to address any identified concerns during this review process and following any incidents of concern during the provision of food within our club.

Food storage

All foods are stored according to safe food handling practices and at a correct temperature, to prevent the growth of food poisoning organisms and to ensure that food quality is maintained.

Fridge temperatures are checked and recorded daily as part of our environment checks. If there are temperature fluctuations that are not explained by simple user error (eg failure to close the fridge properly), a new fridge will be purchased.

Cleaning

- The fridge is cleaned thoroughly, with warm, soapy water, on a weekly basis.
- Food is checked for freshness – anything past the use by date will be disposed of.
- Freezers are defrosted and cleaned once a month.
- All food preparation surfaces are wiped clean after use with anti-bacterial cleaner and disposable cloths.
- All chopping boards are cleaned after use with warm soapy water, anti-bacterial cleaner and then thoroughly rinsed.
- Appropriate controls are implemented to reduce the risk of cross contamination.

Healthy Eating

Refreshment times play an important part in the social life of the children as well as reinforcing children's understanding of the importance of healthy eating.

Fresh drinking water will be on offer for the children to help themselves throughout their session.

We are aware of the negative effects which can relate to children's behaviour, by eating too many processed foods, and e-numbers. Therefore, we are very conscientious about the food served to the children. Where possible fresh unprocessed wholesome foods will be given to the children, these are better for children's health than processed or refined foods. Health experts agree that children should cut down on fats, sugars, salt and additives, instead increase their intake of fibre, fresh fruits and vegetables. We also refrain from giving squash or sugary drinks; instead, we offer water, milk or occasionally fresh fruit juice and water (50:50 ratio). The setting will make every effort to help promote healthy eating, through the refreshments given. The setting follows the Early Years Foundation Stage Nutritional Guidance [Early Years Foundation Stage nutrition guidance](#) and the School food standards [Food Standards.pdf](#)

Meals Provided by the Setting

We offer breakfast for children attending breakfast club sessions and we offer an after-school snack to children as they are often quite hungry when they finish their day. During the holidays we provide snacks in the morning and an afternoon snack. The menu is displayed at the club and highlights which food groups the food provided comes under, this helps us to work with families to ensure they have a balanced diet throughout the day.



Meals brought in from home

Any food and drink parents provide for their children must be safely stored in an airtight container. This should have the child's name clearly marked on the box, to ensure the right lunches are distributed to the right owner, this could have serious adverse consequences due to allergies etc. if not adhered to. Children will be discouraged from swapping food items and the lunch boxes will be checked by practitioners for unsafe food, i.e. peanuts. Parents should bring cool boxes for items that need to be refrigerated. Fresh drinking water is available always.

When parents provide food for their children to eat at the setting this must be in line with our healthy eating policy, and you should provide your child with healthy and nutritious snacks. Packed lunch suggestions provided by the School Food Trust are available to parents upon request. We ask that parents must not provide nuts and will not accept these items in the club.

We cannot accept home cooked food brought into the setting for the children, such as birthday cakes (shop bought birthday cakes are fine).

Special Dietary Requirements

Multicultural foods may be offered to all children at different times of the year to suit our activities, so that all children can try unfamiliar foods alongside 'conventional' food if preferred.

Many cultures/religions have grounds for not eating certain foods. Others avoid certain foods for moral, ethical or health reasons, these will all be respected. Any specific dietary requirements of the children will be adhered to and should be declared on the child's registration form, in these cases we ask that all food including snacks are brought in from home, to avoid inadvertently giving a child a food they must not eat.



Oral Health Policy

The EYFS framework states that early year's providers must promote good oral health of children who attend their setting. Oral health is important, even with baby teeth. Our setting recognises the importance of oral health as this helps to keep children free from toothache, infection and swollen gums.

Tooth decay

Children need to form good oral health habits from an early age to help avoid tooth decay. Tooth decay happens when sugars from food and drinks interact with bacteria in tooth plaque. This results in acid production, causing holes in teeth known as cavities. If children have tooth decay, they may have yellow, brown or black marks on their teeth. They may also complain about their teeth hurting, particularly when eating or drinking.

Healthy Eating

We also refrain from giving squash or sugary drinks; instead, we offer water, or fresh fruit juice. The setting will make every effort to help promote healthy eating, through the refreshments given. The setting follows the Early Years Foundation Stage Nutritional Guidance [Early Years Foundation Stage nutrition guidance](#) and the School food standards [Food Standards.pdf](#)

We aim to work closely with parents by limiting the number of free sugars children eat or drink the setting, as well as how often they consume them, we ask that parents also consider this when providing packed lunches and snacks.

Free sugars include all sugar added to food and drinks by the manufacturer, cook or consumer. They are found in foods like:

- cakes, biscuits and chocolates
- processed foods - like some jarred sauces, jams and breakfast cereals
- some flavoured yoghurts

They are also found in natural products like:

- honey and syrups
- fruit juices and purees
- smoothies

Free sugars are not found in:

- whole fruit and vegetables
- plain, unflavoured milk and yoghurt
- water

We also aim to support families by discussing the importance of oral health with the children and re-forcing good practice and discussing this when taking part in cooking or baking activities.

If you have any questions or queries in relation to our policies and procedures, please email kaleidcare11@outlook.com

