**Children’s Health and Wellbeing Policy**

The purpose of this policy is to support the health and wellbeing of all children attending Bognor Regis, Boundstone and Chichester Nursery Schools in order that they may fully access the curriculum, achieve their potential, and learn about and establish healthy habits for the future. In doing so this policy acknowledges the part played by the ExecutiveHeadteacher, the Governors, staff, parents and the children themselves in keeping healthy and adopting healthy lifestyles in the future. This policy should be read in conjunction with the First Aid Policy, the Administering of Medicines Policy and the Health and Safety Policy.

**The Responsiibility of Parents**

Parents hold the prime responsibility for their children’s health and it is the Nursery Schools’ expectation that parents will:

* Ensure that their child is well enough to attend school
* Take responsibility for getting their child safely to and from Nursery. In addition, it is understood that parents are responsible for their child once they have been handed over by the Keyworker at the end of the session/day
* Abide by the requirement for children to be kept away from Nursery until 48 hours has elapsed from the last episode of diarrhoea and sickness
* Ensure that their child has adequate and appropriate clothing and footwear at all times of the year
* Provide sufficient information about any medical condition, treatment or special care required at school (see the Administering of Medicines & Health Care Plans Policy for matters relating to consent, changes in treatment, provision and disposal of medication etc)
* Notify the school of any incidence of infectious disease in their child or close family members (see infectious diseases below) and comply with recommended absences for specific illnesses as laid down at Annex A
* Apply any necessary suncream to their child prior to the session
* Notify the Nursery promptly of any changes to their contact details
* Understand that generally a child who is not well enough to access both the inside and outside environment is not well enough to be at Nursery

**The Responsbility of Governors**

* Governors of the Federation have general responsibility for this policy, and related policies, and for ensuring that these take into account the views of the Executive Headteacher and Heads of School, all staff and parents. Take overall responsibility for the administration of medicines and their safe storage (see Administration of Medicines policy)

**The Responsibility of the Executive Headteacher**

It is the responsibility of the Executive Headteacher to:

* Ensure that the school is adequately covered by the correct number of First Aiders and to arrange training as appropriate (see First Aid policy)
* Appoint lead staff in The Administering of Medicines in the Nursery School and ~~Up to 3s’~~ Under 3’s provision and arrange training as appropriate
* Keep spare inhalers for use if a child’s inhaler runs out and to be taken out in the case of the emergency evacuation of the building
* Decide whether to admit a pupil with medical needs, in accordance with the schools admissions policy which embodies the ethos of inclusion
* Agree with parents the level of support the school can provide
* Ensure staff who support pupils with medical needs receive proper support and training as necessary
* Ensure all staff are aware of emergency procedures for each individual child’s Health Care Plan
* With Parents’ permission if possible, seek advice from the School Health Service, Health visitor, School nurse or GP in matters relating to an individual child’s health or welfare
* Take a leading role in ensuring that the curriculum supports children in developing an awareness of healthy and safe practices, particularly relating to hygiene and healthy eating
* Oversee the implementation of this and related policies
* Ensure that parents are aware of this policy

**Responsibilities of School Staff**

It is the responsibility of the staff to:

* Deliver a curriculum which supports children’s understanding of their personal needs, safety issues, hygienic practices such as oral health, self-care and healthy eating
* Understand the nature of needs of specific children and when and where pupil may need extra attention and support
* Undertake training in order to support a child with special medical needs as agreed with the Head of School
* Be aware of any emergency procedures in relation to specific children
* Report any deterioration in a child’s health and wellbeing to the Head~~teacher~~ of School

and child’s Keyworker/Keycarer so that parents may be notified at the earliest opportunity

* To telephone parents first in the event of their child being unwell and if there is no response, call other emergency numbers.
* Ensure any unwell child is made as comfortable as possible preferably away from other children in order to minimize the risk of cross-infection.
* If no response from contacts, ensure the child is cared for as comfortably as possible and continue to try contact numbers
* Administer medicines and first aid where appropriate (as laid down in the First Aid and Administering of Medicines policies)

**Responsibilities of Children**

Through the written curriculum, and with appropriate adult support, children will be encouraged to take responsibility for those things that contribute to their health and wellbeing, such as:

* The adoption of hygienic practices e.g. washing hands after going to the toilet and before eating
* The evaluation of risks and learning safety procedures e.g. the correct way to carry scissors, mopping up water etc
* The ability to modify their clothing to suit different weather conditions and their body temperature
* Learning to recognise signs that they are not well and asking for help. This is particularly important for children with known medical conditions such as asthma and diabetes etc
* (In the case of children with long term illnesses and diseases) becoming involved in their treatment and medication where appropriate

**Procedures to Limit the Spread of Infectious Diseases**

In order to limit the chances of cross infection and the spread of infectious diseases the following procedures should be adhered to by Nursery staff:

* Spills of bodily fluids (blood, faeces, nasal and eye discharges, saliva and vomit) should be cleaned up immediately. Disposable paper towels should be used initially for vomit, blood and faeces and the ‘toilet accident’ bucket and mop for urine. The affected area should be wiped thoroughly with disinfectant
* Members of staff must wear disposable gloves when dealing with bodily fluids, and where appropriate, disposable aprons
* Used cleaning materials and protective clothing should be placed in a carrier bag, securely tied and deposited in one of the nappy bins around the school
* Affected clothing should be bagged (or double bagged) to go home (hand washing should not be attempted)

In addition the School will:

* Notify the Health and Safety department of a widespread incidence of diarrhoea and vomiting
* Notify parents if there is any incidence of the following:-

Chicken pox

Measles

German Measles

Slapped cheek disease

(these can be particularly serious for vulnerable adults and children including pregnant women)

Shingles

Hand, Foot and Mouth

Covid 19

Parents are reminded that:

* Children should not return to Nursery within 48 hours of a bout of vomiting and diarrhoea
* Children suffering from infectious diseases should be kept at home until there is no risk of infection. The School Office, Health Visitors or NHS direct can advise on required absence times for specific illnesses and diseases (see also the Health Protection Agency list at Annex A).

**Allergies**

The Schools are anxious to protect children with allergies. Known allergies are discussed with parents during the initial interview and the information passed to other members of staff and posted on the Allergy Boards/Allergy. Special lunches can be ordered for children with special dietary requirements and parents are able to bring in substitutes for nursery milk etc. The School*s* operate~~s~~ a nut free policy.

**Headlice**

It is the responsibility of the NurserySchools to educate parents as to how head lice can be avoided and how to deal with them if head lice and nits are discovered. Parents will be notified of any reported case of head lice in the Nursery by a notice at the main entrance, reminding them to be particularly vigilant and check their child’s hair regularly. The Nursery follows medical guidelines in advising that the best way to eradicate head lice and nits is to shampoo hair, apply liberal quantities of conditioner and to comb hair with a fine toothed nit comb. This procedure should be repeated until all eggs will have hatched and as a precautionary measure at regular intervals thereafter.

**Linked Policies**

See First Aid Policy, Administration of Medicines Policy and the Health and Safety Policy.

**Date:** Autumn 2024 **To be reviewed:** Autumn 2027

**Annex A to Children’s Health and Wellbeing Policy**

Recommended exclusion times for infectious illnesses as laid down by the Health Protection Agency:

Illness Recommended period to be kept away from Nursery

Diarrhoea 48 hours from last episode of diarrhoea

Vomiting 48 hours from last episode of vomiting

E,coli/VTEC Exclusion for young children - Health Protection Unit (HPU) to advise

Typhoid Exclusion for young children – contact HPU for advice

Dysentery Exclusion for young children – contact HPU for advice

Flu Children to be kept at home until recovered

Tuberculosis Consult HPU

Whooping cough Five days from starting anti-biotic treatment or 21 days from onset of illness without treatment

Chicken Pox 5 days from onset of rash – vesicles must be crusted over

German Measles 6 days from onset of rash – female staff maybe vulnerable

Impetigo Until lesions are healed

Measles 4 days from onset of rash

Ringworm Until treatment started

Scabies Child can return after first treatment

Scarlet Fever 24 hours after starting treatment

Slapped Cheek None – female staff maybe vulnerable

Shingles Only if rash is weeping and cannot be covered

Diphtheria Exclusion is important – consult HPU

Glandular Fever None

Head lice None

Hepatitis A Exclusion may be necessary – check with HPU

(Exclude until 7 days after onset of jaundice or 7 days after onset of illness if no jaundice)

Hepatitis B and C None

HIV/Aids None

Meningitis None

MRSA None

Mumps 5 days from the onset of swollen glands

Swine flu Exclusion from onset of symptoms until recovery and completion of medication

Threadworms None

Tonsillitis None

Conjunctivitis None – if outbreak cluster occurs contact duty room if large number

Hand, Foot and Mouth None – contact duty room if large number of children affected. Exclusion may be considered in some circumstances.

See “Guidance on Infection Control in Schools and Other Child Care Settings” produced by the Health Protection Agency for guidance on other conditions.