



*"A Confident Start in a Caring Environment"*



# HOME FARM CHILDREN'S NURSERY LTD (HFCN)

## Health Policy

**(including administration of medicine,  
healthy eating and achieving positive  
behaviour)**

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This policy links with and must be reviewed in conjunction with:

- HFCN Food Policy
- TST Health and Safety Policy

## **ADMINISTRATION OF MEDICINES**

This policy should be read in conjunction with the Sick Child Policy.

It is the responsibility of all nursery/pre-school staff to promote the good health of the children attending the setting. Our health care procedure must be discussed with parents when they first join the setting.

At HFCN settings, parents are informed that sick children should be cared for at home until well enough to return to setting and participate in all activities. If a child becomes ill with sickness/diarrhoea they **MUST BE AT LEAST 48 HOURS CLEAR** from the last time they were ill before returning to the nursery.

If a child becomes ill with a temperature, their wellbeing will be closely monitored and their parents/carers will be contacted and requested to collect the child immediately. Staff will remain with the child at all times and regularly check their temperature every 15 minutes, recording the results of these checks.

### **Care Plans and Administering medicines**

Medicines will only be administered to a child when it would be detrimental to their health if they were not administered during the hours the child is in attendance. Those with parental responsibility must give prior written permission for the administration of each medication.

The nursery is required to complete a health care plan for a child when the child has specific health needs that require management or support during their time at nursery. This includes situations where a child requires medication during the day, specific nursing procedures or might need emergency intervention. The plan is developed in collaboration with parents and potentially healthcare professionals to ensure the child's health and safety are effectively managed while in the nursery care.

A care plan will be written for the necessary administration of medicines in the appropriate records book, with relevant signatures and authorisations. Any regular or emergency medicines are kept in separate boxes, clearly labelled with the child's name, date of birth, and a photograph of the child. When administering medicine, two members of staff will be involved and are required to sign and countersign the records. Parents/carers are welcome to attend the setting to administer medicines if they so wish.

**Medication Requirements:** Parents are requested to provide medicine in its original packaging, clearly labelled with the child's name. Prescription drugs must have the pharmacist's label directly on the medicine container, not just on the outer box. It is the parent/carers responsibility to inform the nursery of any change in the dosage of prescribed medication at the earliest opportunity.

In HFCN settings, we will accept written permission once for a whole course of medication or the ongoing use of a particular medication under the following circumstances:

1. The written permission is only acceptable for the brand name of medication and cannot be used for similar types of medication, e.g. if the course of antibiotics changes a new form will need to be completed.
2. The dosage on the written permission is the only dosage that will be administered. We will not give a different dose unless a new form is completed.
3. Parents must notify us if the child's circumstances change, e.g. a dose has been given at home or a change in strength/dose needs to be given.
  - The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such a letter from a doctor
  - The parent must be asked when the child has last been given the medication before coming to nursery and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent/carer must be given precise details of the times and dosages given throughout the day. The parent's signature must be obtained at both times.
  - All medicines are administered by two members of staff (this will be the Child's Key Person when possible and a senior member of staff), who will subsequently complete the Medicine Record Form. Both members of staff will sign the Medicine Form.
  - The nursery will never administer medicines containing Aspirin unless prescribed for the child by a doctor.
  - The nursery will only administer non-prescription medication for a short initial period, (for example Calpol will not be administered more than 3 days in a row) dependent on the medication or the condition of the child, after this time medical attention should be sought

- If a child does exhibit the symptoms for which consent has been given to give non-prescription medication during the day and the child has some medication on site then the nursery will always seek phone permission before administering any non-prescription medication

When in use, Medicine Forms are kept in the relevant room in a labelled plastic wallet. When evacuating the building the wallet will be collected by the Room Leader along with the register. Old Medicine Forms are kept in the locked filing cabinet in the Manager's office with the child's details.

Parents are requested to provide the medicine in its original packaging, clearly labelled with the child's name. Prescription medication must have the Pharmacists details and notes attached to the medicine to show the dosage needed and the date the prescription was issued. Parents then complete the Medicine Form with details of dosage etc. If more than one medicine is to be given, a separate form **must** be completed for each. Nursery staff keep a record of each child's medication and its expiry date which is kept in each individual room medicine box.

Training must be provided for all staff when the administration of medicine requires medical or technical knowledge.

Medicine is stored in the office cupboard, baby room and cupboard in the store room or in the fridge in the kitchen in a sealed box.

When on trips and outings any medicines needed will be carried by the child's Key Person and an Outgoing Medication Administration Record will be completed before leaving the premises. If needed on the outing the information will be transferred onto the Nursery Medicine Record.

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### Children with long term or complex medical needs

Home Farm Children's Nursery is an inclusive Provider and accepts children with long term or complex medical needs. We will gather information and work with relevant health professionals and parents to develop and implement a care plan. The Care Plan will include:

- Details of a child's condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Side effects of any medication
- What constitutes an emergency
- What action to take in an emergency
- What to do in the event of an emergency
- Who to contact in an emergency
- Regular reviews to meet the current needs of an individual child

All staff attend paediatric first aid training and other courses relevant to a child's care plan.

Staff will share knowledge at staff meetings or room meetings to ensure that all practitioners understand individual children's needs.

Any unused medicines will be returned to the Parents/Carers or handed in to a pharmacy if the child leaves the setting.

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## FIRST AID

At HFCN settings we aim to protect the children at all times. We recognise that accidents or incidents may sometimes occur. We follow this policy and procedure to ensure all parties are supported and cared for when accidents or incidents happen and that the circumstances of all accidents or incidents are reviewed with a view to minimising any future risks.

“**First Aid**” is the initial assistance or treatment given to someone who is injured or suddenly taken ill. HFCN settings ensure all Nursery Practitioners are qualified in ‘paediatric first aid’ and this training is updated every three years. All staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult.

### First Aid Provisions

First aid kits are readily available in each room of the HFCN premises, including the kitchen and outdoor areas. All kits comply with the Health and Safety (First-Aid) Regulations 1981.

All staff and volunteers must be informed of the location of each first aid box within every room. These kits are checked and restocked on a monthly basis by a designated member of staff. All first aid kits are accessible to adults while being kept securely out of reach of children.

Records of first aid training and when any further update is required, are kept by the Nursery Manager. A list of staff and volunteers who have current PFA certificates is displayed in the setting.

### Procedures

- Parents are required to sign a consent form during the child registration period, giving permission to nursery staff to administer Basic First Aid or to call an ambulance in the event of an emergency
- In the event of emergency treatment being required, an ambulance is called and parents/carers are contacted. Parents/carers are always contacted in the event of a head injury which causes concern.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider. Staff will advise parents/carers when they collect their child, unless the child is unduly upset or there are concerns about the injury. In such instances, the child’s parents/carers will be contacted, when a decision will be made as to whether they wish to collect their child and/or take them for further treatment/advise.
- The person responsible for reporting accidents or incidents is the member of staff who saw the incident or was first to find the child where there are no witnesses. They must record it on an Accident Form and report it to the nursery manager. Other staff 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, informed of any first aid treatment given and asked to sign it on the same day, or as soon as reasonably practicable after

- The nursery manager reviews the accident forms at least monthly/ for patterns, e.g. one child having a repeated number of accidents, a particular area in the nursery or a particular time of the day when most accidents happen. Any patterns will be investigated by the nursery manager and all necessary steps to reduce risks are put in place
- The nursery manager will report serious accidents 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 member of staff will notify the parent(s) as soon as possible whilst caring for the child appropriately
- Where medical treatment is required the nursery manager will follow the insurance company procedures, which may involve informing them in writing of the accident
- The nursery 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 accidents are reported to the local authority environmental health department or the Health and Safety Executive, we shall follow their advice. Notification must be made as soon as is reasonably practical, but in any event within 14 days of the incident occurring.

### **Head injuries**

If a child has a head injury in the setting, then we will follow the following procedure:

- Calm the child
- Assess the child's condition to ascertain if a hospital or 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
- 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
- Complete the accident form
- Keep the child in a calm and quiet area whilst awaiting collection
- For major head injuries we will follow our first aid training

### **Transporting children to hospital procedure**

The nursery manager/staff member must:

- Call for an ambulance immediately if the injury is severe. Do attempt to transport the sick child in a personal vehicle.
- While waiting for the ambulance, contact the parent(s)/carer(s) and arrange to meet them at the hospital.
- Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication, and the child's comforter.
- Redeploy staff if necessary to ensure adequate supervision for the remaining children. This may involve temporarily grouping children together.

- Inform a member of the management team immediately.
- Remain calm at all times. Children who witness an incident may be affected by it and may need significant comfort and reassurance. Staff may also require additional support following such an event.

### **First Aid Boxes**

All first aid boxes are easily accessible to adults at all times with appropriate content for use with children. First Aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981 such as:

- Guidance card as recommended by HSE x 1.
- Triangular bandages (ideally at least one should be sterile);
- Sterile dressings: 3 of each size (small, medium and large)
- Assorted (individually-wrapped) plasters;
- Sterile eye pads (with bandage or attachment) e.g. No 16-dressing x 2;
- Disposable gloves

No other medical items, such as paracetamol should be kept in them.

All first aid trained staff are listed in every room. When children are taken on an outing away from our nursery, we will always ensure they are accompanied by at least one member of staff who is trained in first aid. A first aid box is taken on all outings.

### **Food Safety and play**

Children are supervised during meal times and food is adequately cut up to reduce choking. Parents are responsible for cutting up food in lunch boxes. The use of food as a play material is discouraged. However, as we understand that learning experiences are provided through exploring different malleable materials the following may be used. These are risk assessed and presented differently to the way it would be presented for eating e.g. in trays,

- Playdough
- Corn flour
- Dried pasta, rice and pulses.

Food items may also be incorporated into the role play area to enrich the learning experiences for children, e.g. Fruits and Vegetables. Children will be supervised during these activities.

### **Personal protective equipment (PPE)**

The nursery provides staff with PPE according to the need of the task or activity. Staff must wear PPE to protect themselves and the children during tasks that involve contact with bodily fluids. PPE is also provided for domestic tasks. Staff are consulted when choosing PPE to ensure all allergies and individual needs are supported and this is evaluated on an ongoing basis.

### **Dealing with blood**

We may not be aware that any child attending the nursery/pre-school has a condition that may be transmitted via blood. Any staff member 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 staff must take great care in the collection and disposal of this type of material. For the safety and well-being of the employees, any staff member 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 HFCN, we treat our responsibilities and obligations in respect of health and safety as a priority and we provide ongoing training to all members of staff which reflects best practice and is in line with current health and safety legislation.

- First Aid at Work: Your questions answered; <https://www.hse.gov.uk/pubns/indg214.htm>
- Basic Advice on First Aid at Work; <https://www.hse.gov.uk/pubns/indg347.pdf> .
- Guidance on First Aid for Schools; <https://www.gov.uk/government/publications/first-aid-in-schools>

## **SICK CHILD**

This policy should be read in conjunction with the 'Administration of Medicines Policy'.

Should a child become unwell whilst attending Home Farm Children's Nursery, the following procedures will be followed: -

- The Manager/Deputy Manager will be informed and will assess the child. If well enough to remain at Nursery, a period of monitoring will take place.
- A temperature reading will be taken and recorded (with regular check-ups every 15 minutes). The child's wellbeing is closely monitored and parents/carers are informed. The Management Team will decide as to whether the child should be sent home. Should a parent/carers be unable, or refuse, to collect their child, the Manager/Deputy Manager will decide the next course of action.
- Should it not be possible to establish contact with parents/carers after 30 minutes, depending on the severity of the child's condition, emergency contact numbers will be utilised.
- If a child is contagious, they will be separated from the other children until collection.

- With regards to administering medicine – please refer to the ‘Administration of Medicines Policy’.
- Drinking water will be continuously provided to any child with a temperature to prevent dehydration.
- If antibiotics have been prescribed, the first dose needs to be administered by the parent/s carers, this is in case the child has a reaction to the antibiotics. After this nursery staff can continue to administer the medication.

**Note:**

- Parents/carers should contact the Nursery if their child is unable to attend due to sickness.
- Parents/carers must make the Nursery aware if a child has contracted a contagious illness (such as chicken pox), as there are occasions when such conditions must be reported to the Kent Health Protection Unit.
- In a case of sickness or diarrhoea, children must not attend Nursery until 48 hours after their last period of illness.
- Nursery staff are able to administer medication prescribed by a child’s GP and can therefore attend if they are receiving ongoing treatment.
- Conjunctivitis Exclusion Policy:
  - At Home Farm Children’s Nursery: It is not necessary to exclude a child from the nursery if they have conjunctivitis.

**Procedures for children with allergies**

All staff are made aware of children with allergies and a care plan is retained. A risk assessment is completed detailing the information:

- the allergen,
- the nature of the allergic reactions,
- what action to take,
- medical treatment and how it should be administered (i.e. epi-pen),
- control measures (how the child can avoid contact with the allergen),
- review date.

**Nits and Head Lice**

- On identifying cases of head lice, parents/carers are informed and asked to treat their child and family.
  - All children will be treated with sensitivity.
  - The child will not be identifiable to any other child or parents accessing the setting.
  - Notice and guidance for treating will be sent out to all parents accessing the service following on from an infestation – the child involved will remain anonymous.
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## SAFE REST AND SLEEP

To be read in conjunction with 'Settling -in Policy'; 'Bottle Feeding and Weaning Policy', 'Intimate Care and Toilet Training Policy' and 'Key Worker Policy'.

### Policy Statement

HFCN acknowledges that sleep for young children is important to their personal and developmental needs. Children can become tired throughout the day and need to have opportunities to rest and/or sleep. The HFCN settings aim to provide flexibility and opportunities for children to take rests and naps by providing rest areas in each room of the Nursery. These are quiet carpeted rest areas with soft seating or cushions where children can go if they wish to rest and relax. There is also a dedicated time for children to sleep after dinner in supervised sleeping areas. Staff regularly liaise with parents/carers and will attempt to follow a child's home routine where possible.

Comforters, dummies, comfort blankets and soft toys are welcome for they bring reassurance to small children especially when they are new to the nursery and during rest and sleep times. (See 'dummy policy' and 'settling in policy' regarding comforters.)

The preferences and wishes of parents/carers are valued and respected and staff work closely with them to ensure each child's individual needs are carefully met. Some prefer their children to only have a short sleep – fearing that it may infringe on their night time sleep which can be happily complied with.

**Sudden Unexpected Infant Death Syndrome (SIDS)** is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the baby died, and a review of the baby's clinical history. SIDS is rare but can happen. HFCN settings maintain safe environments for babies, toddlers and young children that help to lower the chances of SIDS by providing a safe sleep policy, which is shared with parents/carers.

### Safe Sleep Practice

- All practitioners receive training on the 'safe sleep policy'.
- HFCN settings adopt 'No Smoking' policies.
- All parents/carers will be made aware of our 'Safe Rest and Sleep Policy' prior to enrolment.
- Room temperatures will be kept at 16-20 C – climate control within the Nursery settings facilitate this.
- A safety-approved crib with a firm mattress and tight-fitting sheets or safety-approved low sleeping beds are used at all times. All sleeping equipment is sited away from dangers such as blinds/cords.

- Only ONE child will be in a crib or a low sleeping bed at any one time **unless there was a need to evacuate the building in an emergency. All sleeping children will be woken in the event of an emergency.**
- Infants will always be placed on their backs to sleep, unless there is a signed, sleep position medical waiver recorded, which must be provided by a child's GP or Paediatrician, stating clearly why a child should not sleep on their back. In this instance, a waiver notice will be posted by the child's place of sleep and the original document will be placed in the child's records.
- Whilst children will be placed on their backs, should they turn over from back to stomach, they will be allowed to adopt whatever position they prefer for sleep. Periods of sleep are always supervised.
- Sleeping children will be accompanied at all times and visual checks will be carried out through continuous observation which will be **recorded on sleep sheets** and shared with parents/carers at the end of the day.
- During visual checks, a child's skin colour is observed to ensure it is normal; the rise and fall of their chest is checked for signs of breathing and/or discomfort/distress and their body temperature is noted by touch and signs of restlessness. Steps will be taken to avoid overheating by regulating room temperature, avoiding excess bedding and not over-dressing or over-wrapping children.
- Babies/children's heads will never be covered with blankets or bedding. Cribs / low sleeping beds will not be covered with blankets or bedding. If requested, Nursery staff can use sleep sacks instead of a blanket which is fixed at the child's shoulder and therefore avoids the possibility of them moving down under the sack. Babies and very young children will be placed in a 'feet to foot' position.
- Any toys or stuffed animals will be removed from a crib when children are sleeping. Pacifiers will be permitted in their cribs whilst they sleep.
- Dribble bibs will be removed from around a child's neck and headbands removed prior to sleeping.

## INTIMATE CARE AND TOILET TRAINING

HFCN acknowledges that children will develop personal toileting skills at different times and will support each individual child and their family to promote successful independent toileting. Children who have not yet been toilet trained and may still be wearing nappies are welcomed at the Nursery. Nursery staff work collaboratively with parents/carers towards toilet training at the appropriate age, unless there are medical or other developmental reasons why this may not be appropriate at the time. Toilet training is viewed as a self-care skill where children have the opportunity to learn with the full support and non-judgmental attitude of adults.

Intimate personal care includes 'hands-on' physical care in personal hygiene and physical presence and/or observing such activities.

**The aims of this policy and associated guidance are:**

- to safeguard the rights and promote the welfare of children;
- to support children in developing their own personal toileting skills to promote independent toilet use;
- to protect children from discrimination, and ensure inclusions for all;
- to provide guidance and reassurance to staff;
- to assure parents/carers that staff are knowledgeable about personal care and that their individual concerns are considered.

**Basic Principles**

- Children have the right to feel safe and secure.
- Children will be respected and valued as individuals.
- Children have a right to privacy/dignity when staff are meeting their needs.
- Children are supported in their understanding of toileting procedures so that they are led to independence.

**Nappy Changing Practice**

- Inform a member of staff that you are going to be changing a nappy.
- Gather all the necessary items prior to each nappy change, e.g. nappy, wipes, nappy sack, creams if necessary.
- Wash and dry hands.
- Put on gloves and an apron. (A new set of gloves and apron must be used for each nappy change.)
- Approach the child and say or sign that it's nappy change time. (You should never approach a child from behind. Pick them up and take them for a nappy change.)
- Place the child on a nappy changing mat or, if using steps, support the child if necessary to climb up the steps.
- Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.
- If a child's clothes are soiled, they should be bagged separately and sent home, they should not be rinsed by hand.
- When using Nursery wipes (or provided wipes, cotton wool, flannels etc.) clean the child from front to back and place the used wipes in the nappy sack.
- Put on a clean nappy and apply cream if necessary.
- Remove gloves and apron and place them in the nappy sack.
- Redress the child.

**Personal care procedures**

- All children will be checked on a regular basis and changed every 3 hours unless they have a soiled or have a full nappy in which case they are changed earlier. Every nappy change is recorded and countersigned by another member of staff. A detailed daily information sheet

is completed for babies which includes details of nappy changing and is given to parents/ carers at the end of each day for endorsing and information.

- Nappy changing stations are located in discrete but public places to protect both the children and staff from any allegations. Multiple members of staff are present in any nappy changing area.
  - Children will be shown how to wash their hands by thorough demonstration and are encouraged to do so after personal care routines and before eating and drinking. Soap and warm water are available at all times along with paper towels for drying hands.
  - Changing areas and toilets are kept clean and sanitised at all times. Soiled nappies/pull up pants are securely wrapped in nappy sacks and disposed of in identified bins to allow them to be disposed of appropriately by contract collection (if applicable)
  - Toilets are directly accessible from each Nursery room and the doors are open at all times, to allow the child to be heard if they call for assistance.
  - Accidents will be dealt with sympathetically and calmly and no child will be reprimanded for them.
  - All staff are DBS checked and undergo regular Safeguarding training.
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## HANDWASHING

In order for children and practitioner's health and safety to be maintained, Home Farm Children's Nursery must ensure that effective handwashing procedures are established and followed at all times.

On admission into the Nursery, children will be taught effective ways of washing their hands by trained and knowledgeable practitioners. The Nursery believes that regular and effective handwashing by both children and practitioners is one of the most effective ways of controlling the spread of germs.

The Nursery will provide the required number of sinks (statutory framework refers) situated at an appropriate height and situated at designated places throughout the Nursery buildings.

Children and practitioners will be made aware of the specific occasions they are required to wash their hands through the regular discussion of this policy document at staff meetings. Effective handwashing procedures will be monitored by the Manager, the Deputy Manager and room leaders, and feedback given to all practitioners at a staff meeting.

### Procedures

All practitioners will be required to wash their hands: -

- before and after preparing food;
- after dealing with body fluids/nappy changes (even when gloves are worn);
- after wiping runny noses;
- following messy play activities inside and out;
- following the handling of pets;
- after using the toilet facilities.

Children will be required to wash their hands: -

- after using the toilet or having their nappy changed;
- before and after eating;
- after messy play activities inside and out;
- following the handling of pets.
- After coming indoors from playing in the garden

### **Practice**

At HFCN settings: -

- children will be taught to use running water at all times whilst handwashing;
- children will use mild soap and hands will be rubbed vigorously for at least 10 seconds (to be extended to 20 seconds in the event of advice from the Department of Health with regards to any serious medical issue);
- practitioners will introduce the singing of a short song or rhyme to encourage children to wash their hands independently for the required amount of time;
- children will be offered hand dryers or provided with individual paper towels to dry their hands which will be disposed of into a covered bin following use;
- visual guides will be provided in hand washing areas to remind children of the correct procedures for effective handwashing;
- A daily risk assessment will be completed by the Manager and/or Deputy Manager to ensure the hand washing area is appropriate for use.
- handwashing facilities will be checked at regular intervals throughout the day.
- high levels of cleanliness and safety must be maintained at all times.

### **Useful documents and websites**

- Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk)
- Health and Safety Executive [www.hse.gov.uk](http://www.hse.gov.uk)
- Department of Health, Department for Education and Public Health Laboratory Service poster: Guidance on Infection Control in Schools and Nurseries
- ECERS and ITERS (Early Childhood / Infant Toddler Environment Rating Scheme) Personal Care Routines.

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## **SUN SAFETY**

At HFCN settings, we are aware of the benefits of sunlight as a source of Vitamin D, essential for bone growth and the benefits of children accessing the outside environment. The aim of this Sun Safety Policy is to protect children and staff from skin damage caused by the effects of ultraviolet radiation from the sun whilst maintaining access to the outside area; and also promoting good practice in sun safety.

The main elements of this policy are:

- **Protection:** providing an environment that enables children and staff to stay safe in the sun.
- **Education:** learning about sun safety to increase knowledge and influence behaviour.
- **Partnership:** working with parents/carers to reinforce awareness about sun safety and promote a healthy nursery.

#### **Procedures**

- During hot weather, children should wear light clothing. If necessary, staff will remove/change clothing to ensure children are comfortable.
- During sunny weather, children will be encouraged to wear sun hats when out in the garden and on walks around the school. (Parents/carers are asked to provide a clearly named sun hat for their child, however the Nursery has a supply of spare hats.)
- At Home Farm Children's Nursery parents are asked to apply sunscreen before nursery. Parents of children who attend the whole day are asked to supply factor 50 sun cream for them. Sun cream will be applied again after lunch before children go outside, The parent/carer consent slip to apply sun cream is on the child's registration form. (If parents/carers wish to supply their own, they may do so.)
- Staff will talk about sun safety and model good practice, using sunscreen themselves.
- Activities in the garden will make the most of the available space. Children will stay indoors if staff decide it is too hot outside. Children will access the garden later in the day as it starts to cool down.
- All children have access to drinking water throughout the day. Children will be encouraged to drink regularly whether indoors or playing outside.

#### **Useful websites:**

- NICE public health guidance to support policy development;
- <http://guidelines.nice.org.uk/PH132>
- Cancer Research UK Sun Smart website:
- [www.sunsmart.org.uk](http://www.sunsmart.org.uk)