

7.0 Health

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7.1 Administering Medicines

1. Statement of intent

Jack and Jill Pre-school promote the good health, including the oral health, of children attending. Medication is only administered in the Pre-school where it would be detrimental to the child's health if not given.

2. Procedures

General

- Children taking prescribed medication must be well enough to attend the Pre-school.
- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).
- All medicines must be in-date and prescribed for the child's current condition.
- If a child has not had a particular medication before, we advise the parent and/or carer to administer the medication and keep the child at home for the first 48 hours to ensure no adverse effect, as well as to give time for the medication to take effect.
- Children's prescribed medicines are kept in their original containers with the safety leaflet, are clearly labelled and are stored safely in the medicine cabinet, or refrigerator (if required).
- Staff medication, if required to be kept on the premises, is labelled clearly and stored securely in the staff room (in the refrigerator, if required) or the medicine cabinet.

- Over the counter teething gel can be administered if it has been recommended by a medical professional and provided by the parent/carer for their child. All recording procedures for prescribed medication should also be followed for teething gel.
- Teething gel should be provided in an unopened container. When opened on site the date should be recorded on the container. Gloves should be used when applying it.
- Parents/carers give prior written permission for the administration of medication.
- Medicine (both prescription and non-prescription) will only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- A written record will be kept each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.
- No prescribed medication will be given without the following information:
 - full name of child and date of birth on label
 - name of medication and strength on label
 - who prescribed it
 - dosage, method and time to be given in the Pre-school
 - how the medication should be stored and expiry date
 - any possible side effects that may be expected
 - signature and printed name of parent/carer and date
 - last time the medicine was administered
- The named qualified First Aider is responsible for the correct administration of medication to the child which is witnessed by another member of staff.
- Children do not self-administer any medication unless consent is gained from the parent and the Pre-school is in agreement e.g. supervised drinking of Movicol.
- The administration is recorded accurately each time it is given and is signed by the qualified First Aider, witness and the child's parent/carer on collection.
- Room staff are responsible for ensuring medicine is handed back to the parent/carer at the end of the session/day or when no longer required to be held on site.
- For some conditions, when administration is needed on a regular or an 'as and when required' basis, medication may be kept in the Pre-school. At the beginning of each term a designated member of staff checks that any medication held is in date and returns any out-of-date medication to the parent and/or carer.
- All medication is checked by the qualified First Aider prior to administration, to ensure it is still in date.
- If the administration of prescribed medication requires medical knowledge, individual training is provided by a health professional or if suitable a parent/carer.
- If a child on medication has to be taken to hospital, the child's medication is also taken; it is clearly labelled with the child's name, the name of the medication and details of any administration.

Administration of infant paracetamol suspension to children under 2

- Parents of children under 2 are required to declare if they have administered Infant paracetamol suspension to their child before the session starts.
- Parents of under 2's are asked to give their permission for us to administer Infant paracetamol suspension if their child is showing signs of a fever and has a high temperature that shows no signs of reducing. We call the parents/carers to let them know that we are administering Infant paracetamol suspension.
- If required, it is administered according to the guidelines on the medication itself and recorded by the under 2's First Aider on a sickness record. Parents are contacted to discuss an early pick up and to notify them of the child's temperature.

Administration of infant paracetamol suspension to children over 2 years old

- The Pre-school will not administer Infant paracetamol suspension to any child over the age of 2 unless:
 - There is a significant concern the child may imminently suffer a Febrile Convulsion i.e. the child is showing signs of having a fever (for example shivers/clammy/lethargic/upset/high temperature), is nauseous, drowsy and/or can't be roused. Parents/carers should be contacted, and consent sought prior to Infant paracetamol suspension being given.
 - The child is showing signs of having a fever (see above) the parents/carers have been contacted to collect the child and due to unforeseen circumstances, the collection cannot be made imminently (within 30 minutes). The child should be monitored closely and if the child's condition worsens refer to above.
 - The child is showing signs of having a fever (see above) several unsuccessful attempts have been made to contact the parents/carers. The child is monitored closely and if the condition worsens to the point where the duty First Aider and Manager believe the child is at risk of suffering a Febrile Convulsion (see above) Infant paracetamol suspension can be admitted provided:
 - the child has been on the premises for longer than four hours.
 - the child's medical form has been checked for allergies/alerts.Continued attempts should be made to contact parents/carers.
- Infant paracetamol suspension should only be administered in line with the manufacturer's recommendations (found on the packaging/bottle) and therefore cannot be given if the child has been on site for less than four hours and we haven't been able to contact parents to ensure they haven't had any prior to Pre-school.
- If Infant paracetamol suspension is administered, the time, date and dosage should be recorded on the child's sickness record.
- Only qualified First Aiders, with another witness (ideally the DSL) should administer Infant paracetamol suspension.

Children who have long term medical conditions and who may require on ongoing medication (including asthma inhalers)

- A specific risk assessment (care plan) is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of a Manager or Deputy Manager alongside the child's Key Carer. Parents/carers contribute to the health care plan, medical or social care personnel may also be involved.
- For some medical conditions Key Carers will have training in a basic understanding of the condition as well as how the medication is to be administered correctly.
- If required, a care plan for the child is drawn up with medical or social care personnel and the child's parent/carer.
- The health care plan is reviewed every six months or as and when required.
- A signed copy of the health care plan is given to all contributors.

Managing medicines on outings

- An outings risk assessment is carried out and taken on the outing together with a copy of the individual child's specific risk assessment (care plan).
- If children requiring medication are going on outings, the qualified First Aider is responsible for ensuring the child's care needs and medical requirements are met.
- Medication for a child is clearly labelled with the child's name containing the consent form and instructions on administration. A record of administration is maintained.

- On returning to the Pre-school the medication and consent form are returned to the medicine cabinet. The record of administration form is signed by all relevant parties and a copy given to the parent/carer on collection of the child.

4. Further guidance

- EYFS 2021
- <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/treating-high-temperature-children.aspx>
- Paediatric First Aid Made Easy (Nigel Barraclough 2015)

7.2 Managing children with allergies, or who are sick or infectious (including reporting notifiable diseases)

1. Statement of intent

Jack and Jill Pre-school promote children's health by identifying allergies and preventing contact with the allergenic substance and by preventing cross infection of viruses and bacterial infections.

2. Procedures

General

- Our admissions procedure includes identifying children's medical conditions and any known allergies (including the 14 major food allergens as set out by the Food Standards Agency) prior to the child's start date.
- Where an allergy is identified parents/carers complete a dietary requirement and allergy form.
- All medical conditions and allergies are recorded on Family.
- An overview of children's medical and dietary requirements is kept in the Dining Room and each play room.
- Master copies of all the above forms are kept in a secure cabinet in the office and each play room.
- We have qualified First Aiders who respond appropriately if children are ill or infectious.
- At least one Dining Room member of staff must have completed an Allergens Awareness Training course.

Children with allergies

- If a child has an allergy the following details are recorded:
 - the allergen (i.e. the substance, material or living creature the child is allergic to);
 - the nature of the allergic reactions;
 - what to do in case of allergic reactions, any medication used and how it is to be used;
 - control measures – such as how the child can be prevented from contact with the allergen;
 - review; annually or as and when required.
- Parents/carers train staff in how to administer medication in the event of an allergic reaction. Medical professionals may also be consulted.
- Food supplied by the Pre-school and Early Years Catering, which contain any of the 14 major food allergens, are identified and the details displayed on a notice board in the Dining Room.
- Nuts or nut products are not permitted in areas accessible to children.

Food allergies

- Parents/carers are informed that when packed lunch is provided from home items containing nuts or nut products are not permitted.
- Staff bringing in food containing nuts or nut products only store and consume them in the Staff Room or Office.
- Staff wash their hands before returning to work with children.

- In order to protect children with food allergies, we do not allow children to share or swap food with one another.
- Parents/carers of a child with life threatening food allergies may be required to attend the Pre-school and sit with their child whilst he/she eats their lunch until such time as suitable alternative arrangements can be made. Parents/carers are informed of this before they formally accept a place on behalf of their child.

Managing children who are sick or infectious

- In the event of an emergency we will contact the emergency services and act on any advice given.
- If a child appears unwell during the day the parent and/or carer will be contacted and asked to collect the child. A Sickness Report is completed and signed by a member of staff, a qualified First Aider and the child's parent and/or carer on collection.
- A child's temperature may be taken, by a qualified First Aider, using a child's thermometer probe. The temperatures are monitored and recorded on the child's Sickness Report.
- We will refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- After diarrhoea and/or sickness, parents/carers are asked to keep children home for 48 hours following the last occurrence.
- A list of excludable diseases and current exclusion times (*Guidance on infection control in schools and other childcare settings – HPA*) is displayed in the reception area and a copy is available to parents/carers on request.

Lifesaving medication, invasive treatments and children with special health needs (for example anaphylactic shock reactions, epilepsy and children requiring breathing apparatus etc)

- A specific risk assessment (care plan) is carried out for each child who may require lifesaving medication, invasive treatment or has special health needs. This is the responsibility of a Manager or Deputy Manager alongside the child's Key Carer. Parents/carers also contribute to the care plan; medical or social care personnel will also be involved.
- We obtain a letter from the child's GP/consultant stating the child's condition and what treatment and/or medication if any is to be administered.
- Parents/carers give written consent allowing staff to give treatment and/or administer medication.
- Key Carers and qualified First Aiders receive training, from a medical professional, in the administration of specialist medication and/or treatment.
- We inform our insurance company of any child attending who may require lifesaving medication, invasive treatment or has special health needs.

Reporting of 'notifiable diseases'

- We inform RIDDOR (Reporting Injuries, Diseases and Dangerous Occurrences Regulations), when required, of certain identified notifiable diseases. We also contact the Health Protection Duty Room.

HIV/AIDS/Hepatitis procedure

- Our hygiene procedures for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning all body fluids
- Soiled clothing is bagged for parents/carers to collect or disposed of if necessary.
- Spills of blood, urine, faeces or vomit are removed using a cloth with a mild disinfectant solution; cloths are disposed of safely.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a cloth with a mild disinfectant.

Nits and head lice

- Nits and head lice are not an excludable condition.
- Parents/carers of children identified as having nits and/or head lice are advised to keep their child's hair, if long, tied back and to seek advice from a pharmacist.

4. Further guidance

- Managing Medicines in Schools and Early Years Settings (DfES 2005)
- Guidance on infection control in schools and other childcare settings (HPA)
- Top 14 Food Allergens (FSA)

7.3 Nappy Changing and Toilet Training

1. Statement of intent

Jack and Jill Pre-school believe in working with parents/carers in supporting toilet training. We view toilet training as part of the child's development and recognise our duty of care towards children's personal needs.

2. Procedure

Nappy changing

- Key Carers agree a personalised changing procedure with the child's parents and/or carers.
- Parents/carers are required to provide nappies and nappy cream (if necessary) for their child. We have an emergency supply of nappies.
- Whenever possible children are changed by their Key Carer, but if this is not possible, any other childcare practitioner (who has an enhanced Criminal Record Bureau or Disclosure and Barring Service disclosure) will change the child in line with the personalised plan.
- The changing area is safe, warm and child friendly.
- When the nappy changing area is being used the door is kept ajar and a sign is displayed to indicate the room is in use.
- **Practitioners with access to a sink to wash and dry hands after each wet nappy change. For back to back nappies in Nest, one glove per child required. Practitioners to use two gloves and a washable apron for soiled changes.**
- **Changing mats are cleaned with anti-bacterial spray directly after changing each child.**
- Practitioners ensure that nappy changing is relaxed and a time to promote independence in young children.
- Practitioners changing a child have a gentle approach and avoid pulling faces and making negative comments about the 'nappy contents'.
- Practitioners do not make inappropriate comments about children's genitals when changing their nappies.
- **A child's personal nappy cream will be applied at the request of the child's parents and/or carers or if the practitioner notices a child is sore and will do so using a glove.**
- Each time a child is changed (and whenever nappy cream has been applied) it is recorded on the Daily Nappy Chart and on Famly.
- Children are encouraged to wash their hands; soap and paper towels are available.
- Nappies and 'pull ups' are disposed of in the designated contaminated waste bin.
- Staff are required to wash their hands before returning to the playrooms.

Toilet training/use of potties

- Key Carers agree a personalised toilet training procedure with the child's parents and/or carers.
- Parents/carers may provide their child's own potty which will be labelled with the child's name. We provide potties for general use if required.
- **Children to use the designated potty cubicle if possible.**

- Whenever possible children using a potty are supervised by their Key Carer, but if this is not possible, any other childcare practitioner (who has an enhanced Criminal Record Bureau or Disclosure and Barring Service disclosure) will supervise the child.
- If a child is using a potty in the nappy changing area the door is kept ajar and a sign is displayed to indicate the room is in use.
- Practitioners supervising a child have a gentle approach and avoid pulling faces and making negative comments about the 'potty contents'.
- Practitioners do not make inappropriate comments about children's genitals when toilet training.
- **Practitioners to wear one glove to tip the potty contents in a toilet and the potty is cleaned with anti-bacterial cleaner and wiped around with toilet tissue then flushed away.**
- Children are required to wash their hands after using a potty; soap and paper towels are available.
- Staff are required to wash their hands before returning to the playrooms.

7.4 No Smoking

1. Statement of intent

Jack and Jill Pre-school provides a no smoking environment for children and adults. 'No smoking' relates any tobacco product or illegal substance and includes the use of vaporisers and e-cigarettes.

2. Procedures

- Smoking and vaporising is not permitted anywhere on the premises either indoors or outdoors and whether children are present or not.
- Staff volunteers and students do not smoke or vaporise on outings including in transport.
- All staff, volunteers, students and parents/carers are made aware of our no smoking policy.
- We display no smoking signs.
- Staff, volunteers and students who smoke or vaporise do not do so during working hours unless on a break and out of sight of the Pre-school premises.
- Staff, volunteers and students who smoke or vaporise during their break must remove or cover their uniform to minimise the effect of the odour and lingering effects of passive smoking for children and colleagues.

7.5a Food and Drink

1. Statement of intent

Jack and Jill Pre-school regards snack and meal times as an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We provide fresh drinking water, and nutritious food, which meets the children's individual dietary needs. **We follow the Early Years Foundation Stage Nutrition Guidance.**

2. Procedures

General

- Prior to a child's start date our admissions procedure identifies children's dietary needs (**including, the weaning journey**), requirements relating to their religious and/or cultural background and any known allergies.
- We record information about each child's dietary needs in their medical record which is signed by parents/carers to confirm that it is correct. We regularly consult with parents/carers to ensure these records are up-to-date.

- We record children's dietary needs, as well as their parents/carers wishes, on Family. In addition, comprehensive details relating to individual children is clearly displayed **on the dietary information board**.
- We include foods from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones linked to children's learning and development.
- Staff, volunteers and students store and consume foods brought in from home in the Staff Room or Office.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- The food preparation area is inaccessible to children, is fully equipped and suitable for the hygienic preparation of food.
- All staff who prepare food hold a Food Hygiene Certificate Level 2.
- We ensure that children wash their hands before consuming snacks and meals.
- We provide meals, snacks and drinks that are healthy, balanced and nutritious.
- We provide foods that are age appropriate for the children and prepare food in such a way that minimises the risk of choking. **An Adult is sat with the children** ensuring supervision when eating and a qualified First Aider is always present.
- We organise meal and snack times so that they are calm and unhurried social occasions in which children and staff participate together.
- Children remain seated whilst eating.
- Staff encourage safe eating habits and 'good chewing'.
- We use meal and snack times to help children to develop independence through making choices, serving drink and feeding themselves.
- The Dining Room is equipped to meet the needs of children.
- We provide children with utensils that are appropriate for their ages and stages of development and that take into account the eating practices in their cultures.
- During operational hours staff only consume hot drinks in areas inaccessible to children.
- In the event of food poisoning affecting two or more children looked after on the premises we will inform Ofsted as soon as reasonably practical but in any event within 14 days.
- Daily snacks **consist of a nutritious carbohydrate. Children are now having fruit as a second course at lunch and tea.**
- Children are encouraged to select and prepare their own snack at an appropriate age under the supervision of an adult.

Drinks

- Fresh drinking water is available to children at all times. We inform the children about how to obtain the water and that they can ask for water at any time during the sessions.
- Fresh drinking water is available in the play rooms, outdoor play areas and on outings.
- We only serve water or milk.
- All staff follow the bottle making procedure when preparing bottles.
- **We ask parents to provide us with an unopened tub of formula milk, if required.**
- **We ensure breastmilk is stored in the fridge and once in room temperature and has been drunk as we only store for an hour.**
- **We also ensure that we only store made formula milk for a maximum of 2 hours in room temperature.**

Main meals

- For lunch we offer parents/carers the option of providing their children with a packed cold meal from home **following our guidance on nutritious/balanced meals**; or a hot meal provided by the Pre-school.
- Our hot meal options are supplied by Early Years Catering.
- We ensure that hot food supplied is delivered above a temperature of 63°C.
- When serving hot meals staff ensure that food has cooled to a reasonable temperature before serving.
- A cold tea is provided by the Pre-school, options are supplied by Early Years Catering.
- Weekly menus are displayed in the Dining Room.
- All dietary requirements are catered for.

4. Further guidance

- Safer Food, Better Business (Food Standards Agency 2008)
- Top 14 Food Allergens (FSA)

7.5 b Weaning

1. Statement of Intent

Jack and Jill regards weaning as an important stage of development for our babies here. Every child is different and may begin weaning at different times. We believe we need to use our strong partnership with parents from the beginning to gain an understanding of the child's weaning journey and the allergens they have already tried.

2. Procedures

General

We support parents to follow the government and NHS guidelines, as well as the recently published Early Years Foundation Stage Nutrition guidance. From around 6 months, your baby should be introduced to a varied diet, alongside their usual breast milk or first infant formula as they need more iron and nutrients than milk alone. However, milk is still the main source of nutrients.

In line with the nutrition guidance, children under 12 months do not need snacks, if they are hungry in between meals then we will offer more milk. We will never offer cows milk as a drink until 12 months old. We ensure that before we begin weaning here a baby can:

- Stay sitting and support their own head
- co-ordinate hands, eyes and mouth
- swallow their food

We can begin providing babies with pureed fruit and foods from our menus. From 7 months we can consider offering three meals a day depending on a child's weaning stage.

Allergens

When families come for their one-to-one session, we require parents to inform us of any allergens tried which we are then able to log on our weaning chart. Parents are informed that this weaning chart is a working document. With our new starters we will contact the parents regularly for an update on the allergens they have tried so we can be vigilant and update the dietary requirements if required.

Further guidance

Early Years Nutrition Guidance (September 2025)
NHS Your Baby's first foods

7.6 First Aid

1. Statement of intent

Jack and Jill Pre-school promote the welfare of children and adults on the premises. Suitably qualified staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult; and to respond to emergencies quickly.

2. Procedures

Staff qualifications

- All managers/room leads have current local authority approved (or nationally approved and accredited) paediatric first aid training which is renewed every three years.
- At least one member of staff with current local authority approved (or nationally approved and accredited) paediatric first aid training is present in each of the playrooms, the dining room and outside play areas or on an outing at any one time.
- All Outdoor Learning leaders hold outdoor local authority approved (or nationally approved and accredited) first aid training level 3 qualifications which are renewed every three years.

First aid kits

- Our first aid kits comply with the Health and Safety (First Aid) Regulations 1981. They are regularly checked by a designated member of staff and re-stocked as necessary.
- The main first aid box, located in the reception area, is kept locked but is easily accessible to adults and is located out of reach of children.
- There are minor first aid boxes in The Ark and The Nest, they are easily accessible to adults and kept out of reach of children.
- We have a dedicated first aid kit which is taken on outings.
- We have a dedicated first aid kit for Outdoor Learning.

General

- At the time of admission to the Pre-school parents/carers written permission for emergency medical advice or treatment is sought. Parents/carers sign and date their written approval.
- A list of first aiders is displayed in each first aid box. The names of lead first aiders, currently on the premises, are displayed in the Dining Room and all play rooms.
- In the event of a serious accident or incident we will contact the emergency services and act on any advice given.
- Details of accidents, and any treatment administered to a child, are recorded on an accident form on Famly.
- Details of accidents, and any treatment administered to an adult, are recorded on an accident form on Famly.
- We notify Ofsted of any serious accident, illness or injury to, or death of, a child in our care, or later death of a child as a result of something that happened on the premises, and of any action we have taken, as soon as is reasonably practicable, but in any event within 14 days.
- We notify Bristol Local Authority through First Response (and directly to a neighbouring Local Authority if applicable) of any serious accident, illness or injury to, or death of, a child either in our care, or later, as the result of something that happened on the premises, and act on any advice given.
- Under our RIDDOR arrangements we report any accident/incident that results in death or major injury (requiring treatment by a General Practitioner or hospital) to a person.

4. Further guidance

- First Aid at Work: Your questions answered (HSE Revised 2009)
- Basic Advice on First Aid at Work (HSE Revised 2011)
- Guidance on First Aid for Schools (DfEE Updated 2010)
- Serious accidents, injuries and deaths that registered providers must notify to Ofsted and local child protection agencies (Ofsted) 2011

7.7 Sleeping Children

1. Statement of intent

Jack and Jill Pre-school aim to provide children with a similar routine to their home life, ensuring that children, who need to sleep, have the opportunity to do so. All sleep requirements are made in discussion with parents/carers. We are aware that, at different times of the day, children choose or require a rest and we provide facilities which meets these needs.

2. Procedures

General

- We follow a Safer Sleep Procedure informed by The Lullaby Trust
- Whenever possible children are encouraged to use a designated sleep room/area
- A child requiring sleep is supervised by a designated staff member with a Disclosure and Barring Service (DBS) disclosure.
- All children are provided with a safe and secure environment in which to sleep.
- Pillows are not used.
- Sleep mats are wiped with anti-bacterial spray after each use.
- The designated staff member records the duration of sleep on the individual child's Family profile and on the designated sleep room's sleep chart.

Sleeping Children

- Children are supplied with individual sheets and blankets if required.
- Sleeping cots/rest beds are arranged and prepared with each child's individual sheet.
- A designated staff member remains within ear shot and is responsible for regular checks.
- A baby monitor is used to alert staff to waking children in between checks
- Sleeping children are checked at least every 10 minutes.
- In an emergency, the staff member will call for assistance.
- Quiet music is optional.
- Children's individually identified sheets are removed and washed weekly after use or sooner if required.

Legal Framework

Medicines Act 1968

Public Health (Infectious Diseases) Regulations 1988

Health Protection (Notification) Regulations 2010

The Smoke-free (Premises and Enforcement) Regulations 2006

The Smoke-free (Signs) Regulations 2007

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Health and Safety (First Aid) Regulations 1981

Ofsted factsheet: Giving medication to children in registered childcare

Please also see policies relating to:

Administering medicines

Current list of notifiable diseases

Supervision of children on outings and visits
First aid
Nappy changing procedure
Toilet training/use of potties procedure
Managing children with allergies, or who are sick or infectious (including reporting notifiable diseases)
Food hygiene (Including procedure for reporting food poisoning)
Snack food preparation protocol
Recording and reporting of accidents and incidents
List of reportable injuries (RIDDOR)
Procedure for common injuries
Sleeping children

Contact Details:

Public Health England (Health Protection Unit)
0845 5048668 (Option 1)
www.hpa.org.uk

Health Protection Duty Room 0300 555 0119.

RIDDOR:
0845 300 9923
<http://www.hse.gov.uk/riddor/report.htm>

Ofsted:
www.ofsted.gov.uk
Tel: **0300 123 1231**
Email: enquiries@ofsted.gov.uk
Post: Ofsted, Piccadilly Gate, Store Street, Manchester, M1 2WD

All children:

First Response
Bristol City Council
Telephone - 0117 903 6444
Outside office hours - Emergency Duty Team - 01454 615165

Children who live in South Gloucestershire:

Information Service - 01454 866000

Children who live in BANES:

Children and Families Assessment and Intervention Team - 01225 396312 or 01225 396313
Outside of office hours -Emergency Duty Team - 01454 615165

Children who live in North Somerset:

Single Point of Access - 01275 888808
Outside office hours - Emergency Duty Team - 01454 615 165

This policy was adopted by the Board of Directors on:

Signed on behalf of the Pre-school by:

C E Hollingdale

Mrs Claire Hollingdale (Managing Director)

Date: