



3.0 Health

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3.1 Administering Medicines

Policy statement

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor (or other medically qualified person). It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - the full name of child and date of birth
 - the name of medication and strength
 - who prescribed it
 - the dosage and times to be given in the setting



- the method of administration
 - how the medication should be stored and its expiry date
 - any possible side effects that may be expected
 - the signature of the parent, their printed name and the date
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine.

The medication record book records the:

- name of the child
 - name and strength of the medication
 - date and time of the dose
 - dose given and method
 - signature of the person administering the medication and a witness who verifies that the medication has been given correctly
 - parent's signature (at the end of the day).
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
 - If a child has a condition that requires staff to give medical support, it may be necessary to delay admission until staff have been able to access appropriate training and feel comfortable with the procedure.
 - If rectal diazepam is given, another member of staff must be present and co-signs the record book.
 - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
 - The medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.



- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Medication is stored in a locked cabinet in the office. Manager informs staff and goes through the medical form.

Children who have long term medical conditions and who may require ongoing medication

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, the original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above. For medication dispensed by a hospital pharmacy, where the child's details are not on the dispensing label, we will record the circumstances of the event and hospital instructions as relayed by the parents.

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- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

Legal framework

- The Human Medicines Regulations (2012)

This policy was adopted by

RAINBOW PRE-SCHOOL

On

Date to be reviewed

Summer Term 2019

Signed on behalf of the provider

Name of signatory

Suzanne Dootson

Role of signatory (e.g. chair, director or owner)

Committee Chair



3.2 Managing Children who are Sick, Infectious, or with Allergies

Policy statement

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger. A child will be excluded from the Pre-school if they seem to be unwell. This is for their own welfare and that of other children & staff.

Procedures

Children who are sick or infectious

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – our manager will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
 - The child is closely supervised and provided with water, airy room, cold cloth or blanket as necessary.
- If there are signs that a child has a temperature, their temperature must be taken using the ear thermoscan (kept in the First Aid Box). If this is confirmed the child must be collected from Rainbow.
 - If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- In extreme cases of emergency, an ambulance is called.
 - One member of staff will accompany the child to hospital, along with child's personal information, including doctors details.
 - Remaining staff will endeavour to contact parents/emergency contacts, and seek emergency staff cover for the Rainbow room (if not possible and ratios cannot be met, parents will be called to collect their children).
- Parents may be asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.



- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After vomiting or diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374 and includes common childhood illnesses such as measles.
- All staff must Familiarise themselves with the infectious disease information on display in the Office.
- Notice of any illness or infection is put on the Rainbow tables each day, so parents are aware of any infectious diseases or can inform staff as and when necessary.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our manager informs Ofsted and contacts Public Health England, and acts on any advice given.

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.



Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
 - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
 - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).
 - Control measures - such as how the child can be prevented from contact with the allergen.
 - Review measures.
- This risk assessment form is kept in the child's personal file and a list of known allergies/intolerants and displayed in the room where the child is based.
- No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are included in lunchboxes.

Insurance requirements for children with allergies and disabilities

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.



Oral medication:

- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider.
 - Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
 - We must be provided with clear written instructions on how to administer such medication.
 - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
 - We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

Life-saving medication and invasive treatments:

- These include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
- We must have:
 - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
 - written consent from the parent or guardian allowing our staff to administer medication; and
 - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.

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On

Date to be reviewed

Summer Term 2019

Signed on behalf of the provider

Name of signatory

Suzanne Dootson

Role of signatory (e.g. chair, director or owner)

Committee Chair



3.3 Recording & Reporting Accidents & Incidents (includes First Aid)

Policy statement

The aim of this policy is to ensure that accidents are kept to a minimum and appropriate safety measures are applied to avoid a dangerous situation. We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

In our setting, staff are able to take action to apply first aid treatment in the event of an accident involving a child or an adult. At least one member of staff with current first aid training is on the premises or on an outing at any one time.

Procedures

First Aid:

Staff to ensure:

- They treat cuts and bruises with lots of cold running water or cold pad.
- They keep the child calm and are reassuring; it is usually the shock of an accident that causes children distress and not the wound.
- They only apply a dressing if the wound seems somewhat deep and doesn't stop bleeding quickly.
- In an emergency an Ambulance must be called – dial 999, a staff member must accompany the child if the parent is not present.
- They wear rubber gloves before treating bloody wounds.
- They dispose of all soiled gloves and materials responsibly.
- Record any accident/First aid treatment in the accident book.
- Record any injuries/incidents where no wound is visible.
- They record any existing injuries upon arrival.
- No un-prescribed medication is given to children, parents or staff.

The Pre-school Manager/committee must ensure:



- A First Aid Box is kept in the room at all times and checked/refilled regularly.
- The First Aid Box is easily accessible to Adults and is kept out of reach of children.
- All First Aid training is up to date, at least one member of staff with up to date first aid training certificate on duty at all times.
- First Aid training is given by qualified First Aiders. A list of First Aid trained staff is available.

Our Accident book is:

- Kept in a safe and secure place
- Is accessible to staff and volunteers, who all know how to complete it
- Is reviewed regularly to identify any trends or recurring causes of injuries or potential hazards.
- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
 - A serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and
 - The death of a child in our care
- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):

- Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
- Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
- Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days.
- All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
- When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
- Any death, of a child or adult, that occurs in connection with a work-related accident.
- Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.



- Information for reporting incidents to the Health and Safety Executive is provided in the Pre-school Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

Our Incident book

- We have ready access to telephone numbers for emergency services, including the local police. We have contact numbers for the gas and electricity emergency services, and a carpenter and plumber.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager risk assess this situation and decides if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident book for recording major incidents, including some of those that that are reportable to the Health and Safety Executive as above.
- These incidents include:
 - a break in, burglary, or theft of personal or our setting's property
 - an intruder gaining unauthorised access to our premises
 - a fire, flood, gas leak or electrical failure
 - an attack on an adult or child on our premises or nearby
 - any racist incident involving families or our staff on the setting's premises
 - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises
 - the death of a child or adult
 - a terrorist attack, or threat of one



- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and our staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on our premises, the emergency services are called and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Common Inspection Framework

- As required under the Common Inspection Framework, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

Legal Framework

- Health & Safety (First Aid) Regulations (1981)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

Further Guidance

- First Aid at Work: Your questions answered (HSE 1997) www.hse.gov.uk/pubns/indg214.pdf
- Basic Advice on First Aid at Work (HSE 2006) www.hse.gov.uk/pubns/indg347.pdf
- Guidance on First Aid for Schools: A Good Practice Guide (DfEE)
- Common Inspection Framework: Education, Skills and Early Years (Ofsted 2015)
- Early Years Inspection Handbook (Ofsted 2015)
- RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

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Name of signatory

Suzanne Dootson

Role of signatory (e.g. chair, director or owner)

Committee Chair



3.4 Toilet Area & Intimate Care (inc Nappy Changing)

Policy statement

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained. We are committed to ensuring that all staff undertake their duties in a professional manner at all times. We recognise there is a need to treat all children with respect and dignity when intimate care is given. Intimate care encompasses areas of personal care such as nappy/pad changing, washing & dressing.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

Procedures

Toilet Area

Rainbow encourage children learn independence and receive guidance when toileting to prevent accidents and the spread of infection.

- Assistance is offered to children if and when required.
- Children close the door for privacy.
- Children use toilet tissue.
- Children flush the toilet after use and wash their hands, dry them thoroughly on the paper towels.
 - Children's sleeves are rolled back before they wash.
- If any accidents occur, a toilet cloth and disinfectant is to be used to clean the area.
- There is no behaviour such as jumping or running around, as the floors can be slippery.
- To avoid congestion in the toilets before and after lunch a time, a limited number of children are allowed in the area at one time.



Intimate Care & Nappy Changing

Support for children with intimate care needs will be carefully planned and should be a positive experience for all involved.

- Staff who provide intimate care are trained to meet the needs of the individual children
 - All our staff are familiar with our hygiene procedures and carry these out when changing nappies
- Suitable equipment and facilities are made available
- Where possible one to one care will be provided unless there is an identified need for having more adults
- An appropriate plan for intimate personal care is agreed and shared with the child and their family
- Intimate care is logged and recorded. The record will include the date and time the intimate care was carried out and by whom.
- Our key persons have a list of children in their care who are in nappies or 'pull-ups'; and change regularly or where necessary.
- Our staff put on gloves and aprons before changing starts and the areas are prepared.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands, and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- All nappies and pull ups including cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed (where applicable) and bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

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3.5 Food and Drink (inc. Dietary Needs)

Policy statement

At Rainbow, we regard snack and meal times as an important part of our day. Eating represents a social time for children and adults, and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the Pre-school Learning Alliance. We ensure that children are provided with regular drinks and food and that it is properly prepared, nutritious and complies with dietary and religious requirements.

Procedures

We follow these procedures to promote healthy eating in our setting.

Dietary Needs

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies - are up-to-date. Parents sign the updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- Parents are notified of foods that will be tasted in that session by a notice and where possible the food itself, on the snack table when their child registers their fruit at the start of the session.
 - Foods which are inappropriate are either not used at sessions which a child attends or are used alongside an acceptable alternative e.g jelly crystals instead of jelly cubes.
- Children's dietary needs are taken into account when planning food for Rainbow parties.



- Parents wishing to give gifts of food as part of a celebration e.g their child's birthday, are asked to offer it in the presence of the other children's parents/carers.
- If required staff may need to ban a particular food from the premises because of an individual dietary need.

Packed Lunches & Snack Time

- We organise meal and snack times so that they are social occasions in which children and adults participate.
 - No child is to be forced to eat any type of food or drink.
 - Any child that needs special attention is seated next to or near a member of staff.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- All children and staff wash their hands before snack and lunch time. Any special dietary requirements are noted and adhered to.
- Packed lunches are stored in a cool place and ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool.
- We inform parents of our policy on healthy eating.
 - We encourage parents to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraîche. We discourage sweet drinks and can provide children with water;
- We ask parents not to include the following foods in packed lunches:
 - Not nuts of any kind
 - No products containing nuts such as nutella, pesto or peanut butter
 - No fizzy drinks, sweets or chocolate
- If an item containing nuts is included in a child's lunchbox, the item will be removed and parents will be reminded of our policy.
- Children attending lunch club are not permitted to share.
- We provide children bringing packed lunches with plates, cups and cutlery
- Parents are asked to provide their child with fruit or vegetables for snack time.
- For snack time children are provided with milk or water and a digestive biscuit or cream cracker.
- Every child should be encouraged to at least 'try' and taste different types of food.

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Legal framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further guidance

- Safer Food, Better Business (Food Standards Agency 2011)

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