04. Health Policy booklet

This document forms part of the wider Sticky Fingers Pre-School policy framework. Policy booklets contain related policies and procedures grouped by subject area for ease of access and reference. Each policy and procedure is reviewed and updated as required, with reviews brought forward where changes to legislation, guidance, risk assessments, premises, equipment, staffing, children's needs or practice require this.

Sticky Fingers Pre-School
Newlands
% Newlands Primary School
Windermere Avenue
Millbrook
SO16-9QX
023 80764499
SF.Newlands@
stickyfingersps.co.uk

Sticky Fingers Pre-School
Redbridge
% Redbridge Primary school
Studland Road
Millbrook
SO16-9BB
02380 764717
07726772381
SF.Redbridge@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Tanners Brook
% Regents Park
Community centre
Elmes Drive
Millbrook
SO15-4PF
02380 703571
07470015388
SF.Tannersbrook@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Spring road
% 14th Itchen Scout hut
Spring road
Sholing
Southampton
SO19-2NZ
07586560936
SF.Springroad@
stickyfingersps.co.uk

Sticky Fingers Pre-scho
Portswood
Portswood Primary school
Somerset road,
Portswood,
Southampton
SO17-3AA

SF.Portswood@
stickyfingersps.co.uk

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04 Health policy

(Alongside associated policies and procedures in 04.01-04.10)

Aim

Sticky Fingers Pre-School aims to provide a safe, clean and healthy environment where children are well cared for, protected from harm and supported to grow, learn and develop.

We meet the statutory requirements for promoting children's health, wellbeing and hygiene and follow the relevant Early Years Foundation Stage (EYFS) Safeguarding and Welfare requirements.

Objectives

We promote and protect children's health and wellbeing by:

- Ensuring appropriate first aid and emergency treatment are provided when necessary.
- Ensuring medicines are administered safely, correctly and in accordance with statutory requirements and the setting's procedures.
- Identifying children's allergies, intolerances and individual health needs, and taking appropriate steps to minimise risks.
- Ensuring food allergens and ingredients are identified, checked and communicated clearly to parents and staff.
- Taking appropriate measures to prevent the spread of infection and following recommended procedures when children or staff become unwell.
- Promoting healthy eating, good nutrition, physical activity and positive lifestyle choices.
- Working in partnership with parents and carers to understand and support children's individual health needs and parental choices, within the setting's policies and procedures.
- Following current public health guidance and taking appropriate action to manage infectious disease outbreaks and other public health concerns.

Legal references

- Health and Safety at Work etc. Act 1974.
- Health and Safety (First-Aid) Regulations 1981.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- Food Information Regulations 2014.

Further guidance

- Early Years Foundation Stage Statutory Framework – Department for Education: https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
- First aid in schools, early years and further education – Department for Education: https://www.gov.uk/government/publications/first-aid-in-schools
- Accident Record – Early Years Alliance: https://portal.eyalliance.org.uk/Shop#!prod/f48ed1d4-7564-ea11-a811-000d3a0bad7c/curr/GBP

04 Health Policy

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04 Health

04.01 Accidents and emergency treatment

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027
Review Trigger(s): Earlier if legislation, guidance, premises, equipment, staffing or practice changes.

Person responsible for checking and stocking first aid box:

SF Newlands	SF Redbridge	SF Tanners Brook	SF Spring Road	SF Portswood
Katrina G	Vicky D	Diane B-H	Carly B	Freya B

Sticky Fingers Pre-School is committed to providing a safe and healthy environment for all children, staff and visitors. Although every effort is made to prevent accidents and injuries, we recognise that these can occur.

All accidents, injuries and medical emergencies are responded to promptly and appropriately, ensuring that children receive the care and treatment they need.

This policy should be read alongside *03 Food Safety and Nutrition, 06 Safeguarding and Child Protection Policy and 04.02 the Administration of Medication Policy.*

Parental consent

- Parents and carers are asked to provide written consent during registration for staff to seek emergency medical advice or treatment for their child when necessary.
- Parents must provide up-to-date emergency contact details and information about any medical conditions, allergies or additional health needs.
- Emergency medical treatment will not be delayed where immediate action is necessary to protect a child's life or prevent serious harm.

- Parents and carers will be informed of any accident, injury or emergency treatment as soon as reasonably practicable.

Paediatric first aid

- All staff at Sticky Fingers Pre-School hold a current paediatric first aid (PFA) certificate, ensuring qualified first aiders are available whenever children are present, including during outings.
- New staff who do not already hold a valid PFA certificate are booked onto an appropriate course within their first three months of employment. Until they have completed their training and obtained a valid certificate, they are not included in staff-to-child ratios.
- Paediatric first aid training meets the requirements of the EYFS statutory framework, and certificates are renewed at least every three years.
- All staff are familiar with emergency procedures, including how to summon assistance and contact emergency services.

First aid equipment

- All staff know the location of first aid boxes and how to access them.
- First aid boxes are clearly identified, readily accessible to staff and kept out of children's reach.
- First aid boxes contain suitable supplies based on the setting's first aid needs assessment. As a guide, the contents include:
    - 20 individually wrapped sterile plasters in assorted sizes.
    - 2 sterile eye pads.
    - 4 individually wrapped triangular bandages, preferably sterile.
    - 6 safety pins.
    - 2 large, individually wrapped, sterile, unmedicated wound dressings.
    - 6 medium-sized, individually wrapped, sterile, unmedicated wound dressings.
    - Suitable disposable gloves, preferably non-latex.
- Additional supplies are provided where identified by the first aid needs assessment.
- Medicines and other non-first-aid items are not stored in first aid boxes.
- A suitable thermometer is available where required.
- Cold compresses are available for use when needed and are cleaned after use and returned back to the fridge asap.
- The person responsible for checking first aid boxes ensures that contents are checked regularly, used items are replaced and expired supplies are disposed of safely.
- First aid boxes are replenished as soon as possible following use.
- Suitable portable first aid kits are available for outings and activities away from the setting.

Minor accidents and injuries

- A qualified paediatric first aider assesses the injury and provides appropriate first aid treatment.
- The child's comfort, reassurance and emotional wellbeing are considered throughout.
- All accidents and injuries are recorded on the appropriate Sticky Fingers reporting form.
- The reporting form includes the child's name, date, time and location of the incident, a factual description of what happened, the injury sustained, first aid treatment provided, any further action taken, the name of the staff member completing the form, and the name of any witness to the injury or treatment provided.
- Parents and carers are informed of accidents and injuries on the same day, or as soon as reasonably practicable, and advised of any first aid treatment provided.
- If a child is particularly upset or staff have concerns about the injury, the Setting Manager or a member of the management team contacts the parent or carer promptly to discuss the situation and agree whether the child should be collected and, where appropriate, seek further advice from NHS 111.
- Staff seek advice from NHS 111 or an appropriate healthcare professional where necessary. In an emergency, 999 is called.
- Parents and carers are asked to read and sign the reporting form to acknowledge that they have been informed. A copy is available on request.

- The completed reporting form is scanned and securely uploaded to the child's individual file on CPOMS, with the paper copy retained in accordance with the setting's records retention procedures.

Head injuries

- All head injuries are taken seriously, even where there are no immediately visible signs of injury.
- A qualified paediatric first aider assesses the child and provides appropriate first aid.
- Parents or carers are contacted as soon as possible following a head injury and informed of the circumstances, the child's condition and any treatment provided.
- The time of the telephone call and details of the information shared with the parent or carer are recorded on the Headbump Form.
- The Headbump Form includes details of how the injury occurred, any visible signs of injury, first aid provided, any witnesses and any further action taken.
- An orange band is placed on the child following a head bump to alert staff and parents that the child requires monitoring.
- Children who have sustained a head bump are monitored every 15 minutes on the day of the injury and every hour for the following two days. This applies to head bumps that occur both within and outside the setting.
- The time of each monitoring check is recorded on the Headbump Form.
- Parents or carers are given a headbump slip explaining the signs and symptoms to look out for after a head injury and when to seek medical attention.
- Staff remain alert to signs of a potentially serious head injury, including loss of consciousness, a seizure, repeated vomiting, unusual drowsiness or difficulty remaining awake. Emergency services are contacted immediately if serious symptoms develop.
- The completed Headbump Form is shared with the parent or carer for acknowledgement and securely uploaded to the child's individual file on CPOMS in accordance with the setting's procedures.
- When a head bump occurs outside the setting, parents are asked to complete an Out of Setting Form with details of the incident so staff can record the information and follow the setting's monitoring procedure.

Choking incidents

- Staff respond immediately to a child who is choking and administer age-appropriate first aid in accordance with their paediatric first aid training.
- Emergency services are contacted immediately where the obstruction cannot be cleared promptly, the child becomes unresponsive, or emergency assistance is otherwise required.
- Following a significant choking incident, appropriate medical assessment or advice is sought, even if the obstruction appears to have cleared.
- Parents or carers are contacted as soon as possible and informed of the incident and any action taken.
- The time of the telephone call is recorded.
- All choking incidents are recorded on the appropriate accident form.
- The Setting Manager reviews the circumstances to identify whether changes to supervision, food preparation, resources or risk assessments are required.

Serious accidents, injuries or medical emergencies

In the event of a serious accident, injury or medical emergency:

- Staff immediately assess the situation, ensure the safety of other children and summon assistance.

- An ambulance is called by dialling 999 whenever emergency medical treatment is required.
- A qualified paediatric first aider provides appropriate first aid until emergency services arrive, following the instructions of the emergency call handler where applicable.
- The child is not moved unnecessarily where a serious injury is suspected, unless remaining in place would put them in further danger or movement is necessary for lifesaving treatment.
- Parents or carers are contacted as soon as possible and informed of what has happened, the action being taken and, where applicable, the hospital to which their child is being taken.
- In the event of a serious accident, injury or serious illness, the Designated Safeguarding Lead or Deputy informs the Designated Safeguarding Officer and ensures that the incident is recorded on the child's individual file on CPOMS as soon as possible.
- Relevant medical information, including known allergies, medical conditions, medication and emergency contact details, is made available to the emergency services.
- Where a child is taken to hospital and a parent or carer is not present, an appropriate member of staff accompanies the child where required and remains with them until a parent or carer arrives or responsibility is appropriately transferred.
- Appropriate staffing arrangements are maintained to ensure the safety and supervision of the remaining children.
- The Setting Manager is informed immediately, or as soon as circumstances safely allow.
- If a child is suspected to have died, emergency services are contacted immediately and *06.08 Death of a Child on Site* is implemented, including notification to the police where required.
- Following the incident, the Setting Manager ensures that all necessary records, notifications and reviews are completed.

Recording and reporting

- All accidents, injuries and first aid treatment are recorded accurately, factually and as soon as reasonably practicable.
- Records must clearly distinguish between observed facts, information reported by others and any professional advice received.
- Accident forms are signed by the staff member completing the record and acknowledged by the parent or carer.
- Where a parent or carer is unable or unwilling to sign, this is recorded without delaying any necessary action.
- Following parental acknowledgement, the completed form is scanned and securely uploaded to the child's individual CPOMS file.
- Original paper records are stored securely in the child's file.
- Accident records are retained in accordance with the setting's records retention schedule, applicable legal requirements and insurance arrangements.
- The setting's existing retention periods of up to the child's 21st birthday, or 25th birthday for children with Special Educational Needs or Disabilities, will be applied where supported by the approved retention schedule and relevant requirements.
- Records are handled in accordance with data protection legislation and the setting's confidentiality and information management procedures.

Safeguarding concerns

- Any accident or injury that raises a safeguarding concern is reported immediately to the Designated Safeguarding Lead (DSL) or Deputy DSL.
- The DSL assesses the concern and informs the Designated Safeguarding Officer (DSO) in accordance with the setting's safeguarding procedures.
- Relevant concerns, discussions, decisions and actions are recorded on CPOMS as soon as possible.

- Where an injury is unexplained, inconsistent with the explanation given, or there are concerns about possible abuse or neglect, the Safeguarding and Child Protection Policy is followed.
- Appropriate referrals are made to children's social care or other relevant safeguarding agencies where required.
- Where a child is in immediate danger, emergency services are contacted without delay.
- Safeguarding concerns are not delayed while awaiting parental signatures, internal discussions or management approval.

Safeguarding concerns

The Setting Manager is responsible for ensuring that serious accidents, injuries and medical emergencies are reported promptly through the appropriate internal procedures.

- The Setting Manager informs the Designated Safeguarding Officer where the incident raises safeguarding concerns.
- The owners, directors or trustees are notified promptly of any serious accident, serious injury, serious illness or death involving a child while in the setting's care.
- The incident is recorded on the child's CPOMS file, together with relevant actions, communications and decisions.
- The Management Team ensures that any required notifications to Ofsted, the Health and Safety Executive (HSE), the local authority or safeguarding agencies are considered and completed.
- Where the incident may be reportable under RIDDOR, the Setting Manager consults with the Area Manager without delaying any statutory reporting deadline.

Reporting to Ofsted

- Sticky Fingers Pre-School notifies Ofsted of any serious accident, serious injury, serious illness or death of a child while in its care, where notification is required under the EYFS and Ofsted reporting guidance.
- Notification is made as soon as reasonably practicable and always within 14 days of the incident occurring.
- The notification includes relevant information about the incident and the action taken.
- Minor injuries, routine medical appointments and incidents that do not meet Ofsted's reporting criteria do not normally require notification.
- The owners, directors or trustees are informed of the incident and the notification arrangements.
- The Setting Manager ensures that any advice or instructions received from Ofsted are acted upon.
- A record of the notification and any subsequent correspondence is securely retained.

Reporting under RIDDOR

Certain work-related accidents, injuries, occupational diseases and dangerous occurrences must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

- The setting manager informs the Designated Safeguarding Officer/Area Manager of any serious accident, injury or dangerous occurrence as soon as possible.
- The management team assesses the incident to determine whether it meets the criteria for reporting under RIDDOR.
- An injury to a child may be reportable if it arises out of or in connection with a work activity and results in the child being taken directly from the scene of the accident to hospital for treatment.
- Accidents arising from normal childhood activities are not automatically reportable unless they are connected to the way the setting's work is organised, supervised or carried out.

- Accidents involving staff, specified injuries, occupational diseases and dangerous occurrences are assessed against the relevant RIDDOR reporting requirements.
- Where an incident meets the reporting criteria, the management team ensures that the report is submitted to the appropriate enforcing authority within the required statutory timescale.
- Copies of completed RIDDOR reports and relevant supporting information are retained securely in accordance with the setting's record-keeping procedures.
- Parents or carers are informed of relevant reporting arrangements where appropriate, while maintaining confidentiality and data protection requirements.

Review following an accident or emergency

- Following a serious accident, injury or emergency, the Management Team reviews the circumstances to identify any contributing factors and whether further action is required.
- Relevant risk assessments, supervision arrangements, equipment, resources and procedures are reviewed and updated where necessary.
- Staff involved are given the opportunity to discuss the incident and receive appropriate support.
- Any learning from the incident is shared with relevant staff to reduce the risk of recurrence.
- Where necessary, additional training or changes to practice are implemented.
- The review and any resulting actions are recorded and monitored by the Setting Manager.

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04 Health procedures

04.02 Administration of medicine

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
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Review Trigger(s): Earlier if legislation, guidance, premises, equipment, staffing or practice changes.

Key persons are responsible for ensuring that the medication needs of their key children are understood and appropriately managed. Medication will be administered by a member of staff who has been authorised and, where required, appropriately trained to do so. The key person will ensure that consent forms are completed, medicines are stored correctly and records are maintained.

Medication will only be administered during a child's session where it is necessary and cannot reasonably be administered outside the child's attendance at the setting.

Where a child has been prescribed a new medication that they have not previously taken, parents/carers are advised to administer the first doses at home where possible, allowing them to monitor their child for any adverse reaction before the child returns to the setting. The setting may request that a child remains at home for an appropriate period depending on the medication, the child's condition and any advice provided by the prescribing healthcare professional.

The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

Medicines for Fever and Pain

- Sticky Fingers Pre-School does not administer paracetamol, Calpol, ibuprofen or other non-prescription medicines for fever, pain or other symptoms.
- Parents/carers must not send paracetamol, Calpol, ibuprofen or other non-prescription medicines to the setting for staff to administer.
- If a child has been given paracetamol, Calpol, ibuprofen or other medication to reduce a temperature, relieve pain or manage symptoms before attending the setting, the setting will refuse entry. The child should remain at home until they are well enough to attend without medication being used to manage their symptoms.

- Medication will not be administered for the purpose of reducing a child's temperature or masking symptoms so that the child can remain at the setting.
- Where a child requires prescribed medication for a diagnosed medical condition, this will be managed in accordance with the *04.02 Administration of Medication* procedures, the child's Healthcare Plan and parental consent.
- For procedures relating to children who become unwell while attending the setting, including the management of raised temperatures and arrangements for collection, see *04.05 Poorly Children*.

Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their keyperson/manager. The setting manager should also be informed by the person filling out the form.

All staff members will be informed and asked to sign the medication form once this has been approved by the manager/deputy.

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- No medication will be administered without a completed parental consent form containing the required information.

The consent form will include:

- Full name of child and date of birth
- Name of medication and strength
- Who prescribed it
- Dosage to be given
- 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

Storage of medicines

All medicines are stored safely. Refrigerated medication is stored in a marked box in the main kitchen fridge.

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication for an individual child may be kept at the setting. A Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent.
- Parents do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

Record of administering medicines

A record of medicines administered is kept either in the child's individual medication bag or near the fire exit door.

The medicine record form records:

- Name of child
- Name and strength of medication
- Date and time of dose
- Dose given and method of administration

- Name/signature of the member of staff administering the medication
- Verification by parent/carer at the end of the day

A witness signs the medicine record to verify that they have witnessed the medication being administered correctly in accordance with this procedure.

- No child may self-administer medication. Where children are capable of understanding when they need medication, for example for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding to the child's needs.
- The medication records are monitored to identify the frequency and patterns of medication being administered. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need to review infection prevention and control measures.

Children with long term medical conditions requiring ongoing medication

- Risk assessments are carried out for children who require ongoing medication. This is the responsibility of the Setting Manager/Lead Practitioner and key person. Other medical or social care professionals may be involved where appropriate.
- Parents/carers contribute to their child's risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factors relating to their child's condition.
- For some medical conditions, key staff will require basic training to understand the condition and know how medication is administered. Training needs will be identified as part of the risk assessment.
- The risk assessment will include any activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment will also include arrangements for medicines on outings. Advice from the child's GP or other healthcare professional will be sought where necessary.
- A Healthcare Plan is completed with the parent/carer, outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed at least every six months, or sooner where required. This includes reviewing the medication, changes to medication or dosage, and any side effects or concerns noted.

Managing medicines on trips and outings

- Children are accompanied by their key person/parent, or other staff member who is fully informed about their needs and medication.
- Medication is taken in a clearly labelled container with the child's name, name of medication and a copy of the relevant consent form and administration record.
- The medication administration record is completed following administration and returned to the setting's medication records.
- If a child receiving medication has to be taken to hospital, the child's medication and relevant medication information will accompany them where appropriate.

Staff taking medication

- Staff taking medication must inform the Setting Manager or the person in charge of the setting on the day. Staff are encouraged to inform management of any ill health and medication they are taking, particularly where this may affect their ability to carry out their role safely.
- Relevant information regarding staff ill health and medication should be recorded and kept up to date within the staff member's health records, in accordance with the setting's confidentiality and data protection procedures.
- Where medication or a health condition may affect a staff member's ability to safely carry out their duties, the Setting Manager or person in charge will consider whether a risk assessment or other appropriate action is required.

- Staff should inform management of any changes to their medication or health where these may affect their ability to work safely.
- Relevant health and medication information should be available to management where necessary in an emergency, including if a staff member becomes seriously unwell or needs to be taken to hospital.
- Staff medication must be stored securely in staff lockers or in the office medication box, where appropriate.
- Information relating to staff health and medication will be treated confidentially and only shared with those who need to know in order to safeguard the staff member or others and to support the safe running of the setting.
- Staff taking medication must also follow the relevant requirements set out in the *04.09 No Smoking, Vaping, Alcohol and Substance Misuse Policy.*

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04 Health procedures

04.03 Life-saving medication and invasive treatments

Approved by: Senior Leadership Team
Date Implemented: September 2026
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Life-saving medication and invasive treatments may include adrenaline auto-injectior (AAIs) such as EpiPens for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another staff member is usually present during the process.

Record keeping

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents allowing members of staff to administer medication

- 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
- A healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

Physiotherapy

- Children who require physiotherapy whilst attending the setting should have this carried out by a staff member trained by the physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/child protection

- Staff members recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a staff member has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.

Sticky Fingers Pre-School
Newlands
% Newlands Primary School
Windermere Avenue
Millbrook
SO16-9QX
023 80764499
SF.Newlands@
stickyfingersps.co.uk

Sticky Fingers Pre-School
Redbridge
% Redbridge Primary school
Studland Road
Millbrook
SO16-9BB
02380 764717
07726772381
SF.Redbridge@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Tanners Brook
% Regents Park
Community centre
Elmes Drive
Millbrook
SO15-4PF
02380 703571
07470015388
SF.Tannersbrook@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Spring road
% 14th Itchen Scout hut
Spring road
Sholing
Southampton
SO19-2NZ
07586560936
SF.Springroad@
stickyfingersps.co.uk

Sticky Fingers Pre-scho
Portswood
Portswood Primary school
Somerset road,
Portswood,
Southampton
SO17-3AA

SF.Portswood@
stickyfingersps.co.uk

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04 Health procedures

04.04 Allergies and food intolerance

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027
Review Trigger(s): Earlier if legislation, guidance, premises, equipment, staffing or practice changes.

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

This procedure works alongside 03.01 Food Preparation, Storage and Purchase, which sets out the setting's procedures for the safe preparation, storage and serving of food, including measures to prevent allergen cross-contamination. 04.04 Allergies and Food Intolerance sets out the individual arrangements and procedures for children with known or suspected allergies or food intolerances.

- If a child has an allergy or food intolerance, a risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
  - control measures, such as prevention from contact with the allergen
  - review measures
- A health/allergy care plan form must be completed with the parents and/or carers and where appropriate any health care professionals involved detailing:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name and relevant allergy information are recorded on the Dietary Requirements list and made readily accessible to staff responsible for preparing and serving food. Where appropriate, a photograph of the child, together with the allergen, control measures and actions to take in the event

of contact or a reaction, may be displayed in the food preparation area and/or food checklist folder where it is visible only to relevant staff.

- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all relevant staff.
- The risk assessment and health/allergy care plan is reviewed regularly with parents/carers and whenever there is a change in the child's allergy, intolerance, medication, symptoms, treatment or circumstances.
- All staff complete appropriate food allergy and intolerance training and refresh their knowledge annually. Staff involved in preparing, handling or serving food complete the Food Standards Agency's Food Allergy and Intolerance training, with additional training provided where required for individual children or specific dietary needs.
- During supervision meetings, we will access staff knowledge on health and safety including allergies and intolerances and staff will complete additional training as required.
- Parents/carers provide information about their child's medication and treatment requirements and, where appropriate, demonstrate the use of the medication. Staff receive appropriate training and instruction where required to ensure they are competent to administer the child's medication safely.
- Where a child has prescribed emergency medication, including an adrenaline auto-injector (AAI), the setting will ensure that the medication is readily accessible, appropriately stored, in date and available whenever the child is in the setting. Staff responsible for the child will know where the medication is stored and the action to take in the event of an allergic reaction. Where required, staff will receive appropriate training in the use of the child's medication. The child's individual healthcare/allergy care plan will clearly set out the signs and symptoms of an allergic reaction, when medication should be administered and the emergency procedures to follow.
- Generally, no nuts or nut products are used within the setting. (*See 03.06 Nut-free policy*)
- Parents are made aware, so that no nut or nut products are accidentally brought in.
- Allergen information for food provided by the setting is recorded on the menu and checked against the ingredients and recipes. The menu is readily accessible to staff responsible for preparing and serving food. At each snack and mealtime, a member of staff responsible for serving food must check that the food provided to a child with an identified allergy or food intolerance meets the child's individual dietary requirements before it is served.

Medication and emergency treatment

Medication required to manage a child's allergy or food intolerance may include oral medication or emergency medication such as an adrenaline auto-injector (for example, an EpiPen).

- Any oral medication required for an allergy or food intolerance is administered in accordance with the child's individual healthcare plan and **04.02 Administration of Medicine**.
- Where a child requires life-saving medication, such as an adrenaline auto-injector, **04.03 Life-saving Medication and Invasive Treatments** also applies.
- Parents/carers provide information about the child's medication and treatment requirements and, where appropriate, demonstrate the use of the medication.
- Staff responsible for the child must be familiar with the child's healthcare plan, medication and the actions to take in the event of an allergic reaction.
- Medication is administered only by appropriately trained staff and in accordance with the child's healthcare plan and the relevant procedures.
- Emergency medication, including adrenaline auto-injectors, must be immediately accessible to staff in accordance with the child's healthcare plan and **04.03 Life-saving Medication and Invasive Treatments**.

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Portswood
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Southampton
SO17-3AA

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04 Health procedures

04.05 Poorly children

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027

Sticky Fingers Pre-School recognises its responsibility to protect the health and wellbeing of children, staff and families and to reduce the spread of infectious illness within the setting. The setting follows current UK Health Security Agency (UKHSA) guidance on infection prevention, control and public health exclusion periods.

- If a child becomes unwell during the day, staff will assess the child's condition and inform the Setting Manager or designated senior member of staff. Where appropriate, parents/carers will be contacted and asked to collect the child, or arrange for a known and authorised person to collect them.
- If a child has a raised temperature, staff will remove additional layers of clothing, such as a jumper, to help keep the child comfortable. The child will be kept away from draughts and appropriately supervised while waiting to be collected by a parent/carer or other authorised adult.
- If a child does not seem themselves or feels warm, staff will take their temperature using a forehead scanner and may continue to monitor their temperature and overall wellbeing during the day, as appropriate.
- Staff will record relevant information about the child's symptoms, actions taken and communication with parents/carers.
- In an emergency, staff will call 999 and follow the setting's emergency procedures. Parents/carers will be informed as soon as practicable.
- Children should not attend the setting when they have a high temperature and are unwell. Children with diarrhoea and/or vomiting must remain at home until **48 hours after the last episode**.
- Parents/carers are advised to seek medical advice where appropriate before returning their child to the setting. The setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea, or a contagious infection or disease.
- Where a child has been prescribed antibiotics, the setting may ask parents/carers to keep the child at home for at least **24 hours after starting treatment**. This allows parents/carers to monitor their child

for any adverse reaction to the medication before the child returns to the setting. A longer exclusion period may apply depending on the specific illness.

- **If a child has been given paracetamol, Calpol, ibuprofen or other medication to reduce a temperature, relieve pain or manage symptoms before attending the setting, the setting will refuse entry.** The child should remain at home until they are well enough to attend without medication being used to manage their symptoms. **See 04.02 Administration of Medication.**

Outbreaks and infectious illness

- During an outbreak or where there is an increased incidence of infectious illness, the setting will reinforce infection prevention measures, including hand hygiene, cleaning, ventilation and appropriate exclusion of unwell individuals.
- Where there is a suspected outbreak, an unusually high or rapidly increasing number of absences, more than one infection circulating within the same group, or a serious or unusual illness, the Setting Manager will seek advice from the local UKHSA Health Protection Team (HPT) where appropriate.
- The Setting Manager will maintain appropriate records of illness and suspected outbreaks, including the number of children affected and the duration of the illness where relevant.
- The setting will maintain access to current information on infectious diseases and public health exclusion periods and will ensure that staff are aware of the procedures to follow.
- Where a child presents with a serious or unusual illness, or staff have concerns that the child may have contracted an infection requiring urgent medical assessment, appropriate medical advice will be sought immediately. This may include contacting NHS 111, the child's GP or emergency services depending on the severity of the situation.
- Parents/carers will be informed promptly where their child becomes seriously unwell or where there is a suspected or confirmed infectious disease that may require further action.

Diarrhoea and vomiting

- Children with diarrhoea and/or vomiting must remain away from the setting until 48 hours after the last episode.
- Where there are multiple cases of diarrhoea and/or vomiting within the setting, the Setting Manager will follow the current UKHSA guidance for managing outbreaks and will seek advice from the local Health Protection Team where appropriate.
- Staff will follow the setting's infection-control, cleaning and personal hygiene procedures when dealing with vomit, diarrhoea or other bodily fluids.

*Diarrhoea: In young children, diarrhoea is considered to be any change from the child's normal stool pattern. Children with diarrhoea and/or vomiting should remain at home until at least 48 hours after their symptoms have stopped, in accordance with current UK Health Security Agency (UKHSA) guidance.

Exposure to Blood and Bodily Fluids

The same standard infection-control precautions will be followed when dealing with blood and other bodily fluids, regardless of whether an individual is known to have an infection.

- Single-use disposable gloves and aprons will be worn when changing children or handling clothing, nappies or other materials contaminated with blood, urine, faeces or vomit.
- Staff will wash their hands thoroughly with soap and water after removing gloves and following contact with bodily fluids.
- Soiled clothing will be placed in a suitable bag and returned to parents/carers for cleaning.
- Spills of blood, urine, faeces or vomit will be dealt with promptly using the setting's approved cleaning and disinfection procedures.

- Disposable cleaning materials contaminated with bodily fluids will be disposed of safely in accordance with the setting's waste procedures.
- Tables, furniture, toys and other surfaces contaminated with blood, urine, faeces or vomit will be cleaned and disinfected appropriately before being used again.
- Toys and equipment that have been mouthed will be cleaned in accordance with the setting's cleaning procedures.
- Staff will follow appropriate infection-control procedures when dealing with any exposure to blood or bodily fluids.

Nits and head lice

- Head lice are not normally a reason for exclusion from the setting. Children with head lice can continue to attend the setting as usual.
- Where head lice are identified, parents/carers will be informed and advised to check their child's hair regularly and follow current recommended treatment advice where necessary.
- Staff will maintain confidentiality and will not identify individual children when communicating information about cases of head lice to other families.
- Where there are repeated or ongoing concerns about head lice, staff will work in partnership with parents/carers to support appropriate action. If concerns persist and there are wider concerns about a child's health, hygiene, care or welfare, staff will follow the setting's procedures in the *06 Safeguarding and Child Protection Policy*. Safeguarding concerns will be considered in the context of the child's overall circumstances and will not be based on head lice alone.

Further guidance

UKHSA – Health protection in children and young people's settings, including education — Main guidance hub for early years and childcare settings.
UKHSA – Public health exclusion periods in children and young people's settings — Exclusion periods for specific infectious diseases, including diarrhoea/vomiting, head lice, scarlet fever, chickenpox and others.
UKHSA – Preventing and controlling infections in children and young people's settings — Hand hygiene, cleaning, PPE, bodily fluids, waste and infection prevention.
UKHSA – Managing outbreaks and incidents in children and young people's settings — When to contact the Health Protection Team and how to manage outbreaks.

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04 Health procedures

04.06 Oral health

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027

Our Aims:

At Sticky Fingers Pre-school we promote oral hygiene through teaching and building independence for children to look after their own self-care, encouraging healthy eating and opportunities for the children to take part in tooth brushing daily, meeting the Early Years Foundation Stage Statutory requirements whilst following the Saving Smiles programme guidance.

We aim to engage our children in establishing good oral health care habits early on, improving tooth brushing skills to develop a habit for life as well as raising awareness, providing support and signposting for our families to create better outcomes.

Objectives

We ensure all children registered with our settings can gain good oral health by:

- Ensuring regular Supervised tooth brushing takes place each session allowing children to brush their teeth once a day within the setting
- Use age appropriate toothpaste and brushes. These are checked and provided by our local authority oral health champions
- Be confident in recognising and managing common mouth health related problems e.g. dental emergencies, teething, toothache or tooth decay
- Signposting families to local NHS dentists for regular care
- Regular engagement with parents and carers regarding their children's oral health and well-being
- Meeting requirements as set out in the EYFS through mouth health (physical, personal and social development)
- Supporting NHS and Government recommendations and sharing these with our families to promote

oral health such as:

Dummies

- The NHS recommends that parents aim to stop using dummies by the time their baby is 6 to 12 months old as these can be a barrier to speech and language development.
- In our settings, we will discourage dummies while the child is in the setting unless they are within our toddler areas and/or it is required for settling or comfort when all other methods have been ineffective or they are being used for sleep. Dummies that are brought into the setting that are damaged are disposed of and parents are told that this has happened.

Bottles, drinks and food

- The UK government recommends that by the time a baby is one, they should have stopped using a bottle for all drinks. This includes sippy cups and non-spill cups. In partnership with parents, children are discouraged from using a bottle.
- In our settings, children are encouraged to drink from an open topped cup and in partnership with parents, children are discouraged from using a bottle.
- Children are also not required to bring their own drinks into the setting and parents will be asked to take them home. Fresh drinking water is available at all times and easily accessible, sugary drinks are not served. Only milk and water are served with morning and afternoon snacks.
- We follow the Early Years Foundation Stage Nutrition guidance and our *03.03 Menu Planning and nutrition* policy ensuring that children are given healthy, nutritious snacks with no added sugar in the setting and parents are discouraged from sending in confectionery as a snack or treat.

Our Pre-school Commitments

Each setting has an Early Years Oral Health Champion and information about their role will be sent to families in a letter. They are also named within the setting. For GDPR reasons we do not name them within this policy. Families can ask any staff member for advice and who the champion is.

Our Early Years Oral Health Champion will engage regularly with staff, parents/carers and children alike by:

- Engaging with children, parents/carers and staff on the importance of a balanced diet and good oral health at the setting and at home
- Engaging with parents/carers before and after implementation of the policy and answering any questions/concerns they may have
- Highlight the importance of registration and regular visits with the dentist as soon as the first tooth appears
- Integrate oral health on new starter forms by asking if a child has a dentist when first registering and supporting those families whose children don't have a dentist to find one
- Recognising and appropriately treating mouth problems which may present in the setting e.g a child knocking out a tooth or toothache.
- Leading supervised tooth brushing within the setting or training those involved
- Work towards the Southampton Healthy Early Years Award (HEYA) Healthy mouth gold award.

Implementing Toothbrushing in our settings

We use the dry brushing method following the Government recommendations. We also take into account the Southampton Healthy Early Years award requirements and Saving Smiles programme guidance which set out the following standards.

- As part of the child's enrollment process, we will discuss our toothbrushing procedures and consent forms are signed in agreement by parents/carers.
- The Healthy Mouth Procedures will apply to all children registered within our settings, unless written information is given by a parent or carer stating they do not want their child to be part of it.

- We acknowledge and address potential cultural and religious barriers as well as parental concerns around supervised toothbrushing.

1. Organisation of supervised brushing

- Each setting has a named Early Years Oral Health Champion who is trained by a local oral health practitioner, who is responsible for running the tooth brushing programme.
- All staff are required to read the Saving Smiles -Supervised Toothbrushing programme handbook and Hand sanitising instructions alongside this policy during their induction process. They will also receive appropriate training in tooth brushing and infection control procedures by the Early Years Oral Health Champion delivering the supervising tooth brushing programme.
- We discuss our tooth brushing procedures and gain consent from parents/carers during the child's enrolment process.
- We provide support to our families to promote oral health and signpost to dentists and emergency dental care.
- Children with consent are encouraged to brush their teeth (once a day in the setting only) as part of the daily routine.
- A Local Oral Health Practitioner visits each setting twice a year to review the supervised tooth brushing programme.

2. Ensuring an effective programme

- The staff member supervising tooth brushing will encourage a few children at a time to come and brush their teeth to prevent overcrowding and supervising issues.
- Each child has their own allocated toothbrush that is stored in the matching name slot of the brush holder.
- The storage unit should not be placed directly beside the children while brushing takes place to avoid contamination.
- The Early Years Oral Health Champion will regularly review stock levels of toothbrushes and toothpaste and contact the Local Oral Health Practitioner to replenish stock when it is running low.

3. Hygiene and safety

- Tooth brushing storage systems comply with best practice to prevent cross contamination. All brushes are clearly labelled with children's names and the storage unit, so they can be placed back in the correct places.
- Care needs to be taken to ensure no cross contamination when removing toothbrushes from holders
- Toothbrushes dropped on to the floor needs to be discarded
- Toothbrushes must not be soaked in bleach or other cleaning equipment. They must always be rinsed under running water to remove the paste and placed back in the storage unit to air dry.
- Once a week the storage holder needs to be cleaned as well as the area the holders are stored. All brushes checked and rinsed again if required.
- Storage units need to be changed if they become cracked, scratched or rough surfaces appear
- Toothbrushes will be checked by the Healthy Mouth Champion and replaced every term.
- At the end of each half term the healthy mouth champion will review the checklist of children who have brushed their teeth and children will receive certificates to those who have kept it up.

Dry tooth brushing method

- Children must be supervised throughout the toothbrushing session.
- The area where toothbrushing will take place must be cleaned and prepared using the appropriate coloured cloth to wipe down surfaces.
- Both the supervising staff member and the child must wash their hands following NHS guidance before the toothbrushing session to maintain infection control.

- The supervising staff member must tie their hair back, where applicable, and wear appropriate personal protective equipment (PPE), including disposable gloves and an apron.
- Toothpaste is placed as separate blobs around the edge of a designated, clean chopping board, with sufficient space between each portion to prevent cross-contamination. The chopping board is cleaned before and after each toothbrushing session in line with our infection control procedures.
- Each child is provided with the correct amount of toothpaste for their age (a smear for children under three years and a pea-sized amount for children aged three years and over).
- Each child is provided with an individual piece of paper towel to spit any excess toothpaste and saliva into after brushing.
- Children are encouraged to identify their own individual toothbrush in the holder. The supervising staff member will support the children and hand them their toothbrush by the stem to prevent cross-contamination.
- Children should be seated while brushing their teeth and encouraged to brush up, down and all around. Staff will demonstrate good toothbrushing techniques using the toothbrushing model and toothbrush.
- After brushing, children should spit any excess toothpaste and saliva into their individual paper towel and be discouraged from rinsing their mouths. The paper towels must be disposed of in the nearest bin, and children should then wash their hands.
- The supervising staff member will record that the child has brushed their teeth at pre-school on their key group form, ready for the end-of-half-term certificate.
- Toothbrushes must be taken to an identified sink area that is clean and clutter-free. The supervising staff member is responsible for rinsing each toothbrush individually under cold running water, ensuring the toothbrushes do not come into contact with the sink or each other.
- Once rinsed, toothbrushes should be dabbed dry using individual pieces of paper towel.
- The supervising staff member will return each toothbrush to its designated place in the toothbrush rack.
- Any visible drips on the racks should be mopped up using a paper towel.
- Storage lids should then be replaced, and the racks returned to their safe storage location, out of the reach of children.
- The supervising staff member must ensure the sink area is clean before removing and disposing of their apron and gloves appropriately.
- Toothbrush racks must be cleaned at least weekly using hot, soapy water and immediately if they become soiled. The area where the racks are stored must also be cleaned with antibacterial spray at least once a week.

The Commitment required from our parents/families

We ask parents and carers to support our setting in implementing the Healthy Mouth Policy and achieving our overall aims by:

- Providing consent for their child to participate in the supervised toothbrushing programme.
- Informing the setting of any additional needs or preferences that may present barriers to toothbrushing, such as a child disliking flavoured toothpaste.
- Being positive role models by ensuring children brush their teeth twice daily at home, in addition to brushing at the setting.
- Communicating with pre-school if they have any concerns regarding their child's oral health.
- Following advice and guidance from the setting to promote better oral health for their child, particularly in relation to bottles, dummies, food and drinks.

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% Newlands Primary School
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04 Health

04.07 Emotional health and wellbeing

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027

Well-being Practice Lead:

Katrina G (Newlands)

Lizzy D (Redbridge)

Diane B-H (Tanners Brook)

Carly B (Spring Road)

Shannon C (Portswood)

Designated safeguarding lead (DSL) is:

Kayleigh C (Newlands)

Rachel C (Redbridge)

Diane B-H (Tanners Brook)

Abbi B (Spring Road)

Chloe H (Portswood)

Senior Management and Designated Safeguarding Officers

Sarah H (Area Manager)

Louise S (Deputy Area Manager)

For more information about Safeguarding roles and responsibilities, see *06.01 Responding to safeguarding or child protection concerns.*

Policy Statement

At Sticky Fingers Pre-school, we are committed to promoting and supporting the emotional health and wellbeing of our children, their families and our staff.

We aim to create a supportive, caring and inclusive environment where everyone is treated with kindness and respect, and where individual needs and contributions are valued. We recognise that positive emotional wellbeing plays an important part in children's development and learning, the relationships we build with families and the health and happiness of our staff.

We understand that everyone experiences challenges in life that can affect their emotional wellbeing. These may arise from personal circumstances, relationships, health, family life or pressures within the workplace. At times, anyone may need additional support, and we believe promoting positive mental health is everyone's responsibility.

Our approach is based on creating a safe, secure and nurturing environment where children can develop and thrive, families feel welcomed and supported, and staff feel valued, listened to and able to seek help when needed.

This policy explains how we promote emotional wellbeing, recognise when additional support may be needed and work together to support positive outcomes for everyone.

The policy is reviewed annually, or sooner if changes are required. Feedback from staff, parents/carers and the pre-school committee is considered as part of the review.

Why Emotional Health and Wellbeing Matter

Emotional wellbeing is an important part of overall health. It influences how we feel, think and behave, how we form relationships and how we respond to everyday experiences and challenges.

We recognise that positive wellbeing is influenced by a range of factors and that everyone's needs are different. These include:

- **Physical needs:** Eating, drinking, moving, sleeping and having opportunities to rest.
- **Safety, clarity and continuity:** Feeling safe and secure, understanding expectations, having consistent routines and knowing what comes next.
- **Positive relationships:** Feeling connected to others, developing trusting relationships and knowing there is someone to turn to for support.
- **Feeling capable and valued:** Having opportunities to develop skills, make choices, achieve goals and receive recognition for individual contributions.
- **Emotional understanding:** Being able to recognise, express and manage feelings and emotions.
- **Belonging and inclusion:** Feeling accepted, respected and included regardless of individual circumstances or needs.

Supporting emotional wellbeing benefits everyone:

- Children develop confidence, resilience, independence and positive relationships.
- Parents and carers feel welcomed, listened to and supported in their role.
- Staff feel valued, motivated and supported within their working environment.
- Positive relationships between children, families and staff contribute to a happy and nurturing setting.
- A supportive workplace encourages teamwork, job satisfaction and staff retention.

The World Health Organization recognises health as encompassing physical, mental and social wellbeing, rather than simply the absence of illness.

Supporting Mental Health

Two key elements of good mental health are:

- **Feeling Good** – experiencing positive emotions such as happiness, contentment and enjoyment. It also includes feelings such as curiosity, engagement and safety.
- **Functioning Well** – being able to manage everyday life, build positive relationships and social connections, feel in control of your life and have a sense of purpose.

Supporting Children's Emotional Health and Wellbeing

All staff have a responsibility to promote the mental health and emotional wellbeing of children.

The Early Years Foundation Stage recognises that personal, social and emotional development is fundamental to children's overall development and their ability to lead healthy and happy lives.

At Sticky Fingers Pre-school, we:

- Help children to understand their emotions and feelings better.
- Help children feel comfortable sharing any concerns or worries.
- Support children to form and maintain positive relationships.
- Promote self-esteem and ensure children know that they matter.
- Encourage children to be confident and 'dare to be different'.
- Help children to develop emotional resilience and manage setbacks.

We promote a mentally healthy environment through:

- Encouraging a sense of belonging.
- Promoting children's voices and providing opportunities to participate in decision-making.
- Celebrating children's achievements, both big and small.
- Providing opportunities for children to reflect on their experiences.
- Ensuring children have access to appropriate support that meets their individual needs.

Our Approach to Promoting Emotional Health and Wellbeing



The seven identified principles underpin our approach to promoting emotional health and wellbeing and guide the development of wellbeing strategies across Sticky Fingers Pre-school.

Our policy and curriculum are designed to create a socially, emotionally and physically rich environment where positive relationships can develop, children feel secure and supported, and they are confident to explore, learn and develop.

Our curriculum promotes emotional health and wellbeing through a focus on helping children to:

- Develop a love of learning and belief in themselves.
- Enjoy books, stories and rhymes.
- Develop an understanding of how to keep themselves safe.
- Understand rules and boundaries and learn to respect others.
- Become confident communicators who can express themselves and develop their language skills.

These areas are incorporated into our everyday practice and weekly planning across all settings, helping children develop the skills, confidence and independence they need for their next steps in learning and future success.

We also recognise the importance of staff wellbeing. Staff are supported through access to training, guidance and resources to help them look after their own emotional health and wellbeing, while encouraging teamwork and a supportive working environment.

As a pre-school, we include health and wellbeing into our daily practice, including parents/carers.

Supporting Children Through Everyday Practice

Children are assigned a key person during the enrolment process. Their role is to help ensure that each child's care is tailored to their individual needs, provide a familiar and trusted relationship, help them settle into the setting and build a positive relationship with their parents or carers.

We include opportunities to promote health and wellbeing throughout our daily routines, experiences and weekly planning. These may include:

- Spending time outdoors, with free-flow access to the garden throughout the session.
- Activities that help children recognise, understand and manage their emotions.
- Sharing stories and books that explore feelings, relationships and experiences.
- Playing and working alongside other children, in pairs or groups, to develop friendships and social skills.

All children are encouraged to take part in these experiences in ways that suit their individual needs and interests, whether as part of a group or independently.

Identifying Children's Wellbeing Needs

Staff play an important role in recognising changes in a child's emotional wellbeing. Everyday observations, including changes in behaviour, attention, communication and general presentation, help us identify when a child may need additional support. We also listen carefully to what children communicate about their feelings and emotions.

Signs that a child may be experiencing difficulties with their emotional wellbeing could include:

- Becoming withdrawn or unresponsive.
- Changes in behaviour, including increased frustration or behaviour that challenges.
- Regression, such as bedwetting, thumb sucking or changes in sleeping patterns.
- Difficulties with speech, communication or language development.

These signs do not necessarily mean that a child is experiencing difficulties with their mental health, but they may indicate that further observation or support is needed.

Any member of staff who has concerns about a child's emotional health or wellbeing should share these with the Designated Safeguarding Lead (DSL) as soon as possible. Where there is an immediate concern that a child may be at risk of harm, the safeguarding procedures set out in 06.01 Responding to Safeguarding or Child Protection Concerns must be followed without delay.

Supervision and Discussing Concerns

Supervision meetings provide staff with an opportunity to discuss any concerns about children's development, behaviour or emotional wellbeing, including concerns that may not have been raised previously or that require ongoing attention.

This supports the requirements of the Early Years Foundation Stage Statutory Framework (2026), paragraph 3.35, which states that supervision should provide opportunities for staff to:

- Discuss any issues, particularly those concerning children's development or wellbeing, including child protection concerns.
- Identify solutions to address issues as they arise.
- Receive coaching to improve their personal effectiveness.

Supporting Children's Wellbeing Through Everyday Practice

Children are assigned a key person during the enrolment process. This helps ensure that each child's care is tailored to their individual needs and that they develop a secure and trusting relationship with a familiar member of staff.

The Early Years Foundation Stage Statutory Framework (2025), paragraph 3.41, sets out the key person's responsibilities, including helping children become familiar with the setting, building a settled relationship with them and developing relationships with their parents or carers. The key person also helps families access more specialist support where appropriate.

We include opportunities to promote emotional health and wellbeing throughout our daily routines, experiences and weekly planning. These may include:

- Spending time outdoors, with free-flow access to the garden throughout the session.
- Activities that help children recognise, understand and manage their emotions.
- Sharing stories and books that explore feelings, relationships and experiences.
- Playing and working alongside other children, in pairs or groups, to develop friendships and social skills.

Children are encouraged to take part in these experiences in ways that suit their individual needs and interests, whether as part of a group or independently.

Working with Parents, Carers and Families

We recognise that parents and carers play an important role in supporting their children's emotional health and wellbeing. We aim to build open, trusting relationships with families so they feel comfortable sharing concerns, asking questions and accessing support when needed.

We support parents and carers by:

- Sharing information about common emotional health and mental health concerns and where further support can be found.

- Making sure families know who they can speak to if they have concerns about their own child or another child.
- Making this policy accessible to parents and carers.
- Sharing ideas and information about supporting children's emotional wellbeing through parent events, meetings, Tapestry, newsletters, our website and social media.

Staff Training and Continuing Professional Development

All staff receive regular training to help them recognise and respond appropriately to concerns about children's wellbeing and mental health. This forms part of their ongoing safeguarding and child protection training.

Staff also have access to training through the Early Years Alliance, enabling them to keep their knowledge up to date and continue developing their practice.

Where a staff member would benefit from more in-depth knowledge or additional training, this will be considered through supervision and performance management. Further continuing professional development (CPD) will be supported where appropriate, including in response to emerging needs within the setting.

Supporting Staff Emotional Health and Wellbeing

Our Ethos

We recognise that working in early years is highly rewarding, but can also bring day-to-day demands and pressures. Family life, financial worries, health concerns and work-life balance can all affect how someone feels, alongside the responsibilities of providing high-quality care and education.

We are committed to providing a safe, inclusive and supportive working environment where staff feel valued, listened to and able to seek help when needed. We recognise that staff wellbeing is important not only for our employees but also for the quality of care and education we provide to children.

Each setting has a named Wellbeing Practice Lead who works alongside the management team to promote staff wellbeing. They provide a point of contact for staff, listen to feedback about day-to-day pressures and help identify ways in which the working environment and team support can be improved.

The Wellbeing Practice Lead and management team encourage an open and supportive culture. Staff can raise concerns through supervision meetings, return-to-work meetings or by speaking to a member of management. They can also be signposted to external support where appropriate.

Wellbeing Practice Leads and managers are encouraged to keep their knowledge of emotional health and wellbeing up to date and review our approaches to ensure staff receive appropriate support.

Promoting Individual Staff Wellbeing

We include wellbeing as part of staff supervision and appraisal discussions. These provide opportunities to talk about workload, workplace pressures, personal circumstances and any support that may be needed.

Staff are encouraged to speak openly with management about concerns affecting their wellbeing, whether these arise within or outside the workplace. Our open-door approach means staff can request a private conversation with management whenever they need to.

Where appropriate, the manager and staff member may agree an individual wellbeing action plan. This may include reviewing workload, identifying sources of stress and agreeing reasonable adjustments to help support the individual.

Depending on individual circumstances and the needs of the setting, adjustments may include:

- Flexible working arrangements.
- Changes to the working environment.
- Adjustments to duties or responsibilities.
- Additional or more frequent breaks.
- A working buddy or additional support from colleagues.
- More frequent supervision or wellbeing discussions.

Any agreed support will be reviewed regularly to ensure it remains appropriate and effective. If further advice or support is needed, this will be explored with the staff member.

Supporting Managers

Area Managers and Managers are supported by other members of the Sticky Fingers Senior Leadership Team and the pre-school committee. They can also access support through Southampton City Council's development team and Early Years Advisory Teachers, including opportunities to attend Wellbeing Wednesdays.

Promoting Staff Wellbeing and Minimising Work-Related Stress

We recognise that good staff wellbeing depends on creating a positive working environment and ensuring that staff feel supported in their roles.

We aim to minimise unnecessary workplace stress through the following approaches:

- **Induction:** New staff receive a full induction to help them understand their role and responsibilities and feel confident in their work.
- **Training and development:** Ongoing training, coaching and mentoring help staff develop their skills and feel supported.
- **Supervision:** Regular supervision takes place each term, providing opportunities to discuss staff wellbeing, workload and any concerns.
- **Fair workloads:** Tasks and responsibilities are shared appropriately according to each person's role. Workloads are monitored and reviewed regularly.
- **Work-life balance:** We encourage a healthy balance between work and home life and aim to ensure that staff can complete their work within their scheduled hours.
- **Manageable paperwork:** We review expectations around observations, assessments and other paperwork to ensure record keeping remains meaningful and proportionate.
- **Staff feedback:** We encourage staff to share their views about management procedures, working relationships and how the setting operates. This helps promote teamwork and gives everyone an opportunity to contribute.
- **Rest breaks:** Staff are encouraged to take their required breaks and have time away from busy rooms to rest and recharge.
- **Open communication:** Managers and Wellbeing Practice Leads are available for private discussions about any concerns or difficulties.
- **Teamwork and respect:** We promote mutual respect, tolerance and cooperation, in line with the fundamental British values.
- **Team meetings:** Meetings provide opportunities to develop the team, share information and discuss how we can maintain a supportive working environment.
- **Wellbeing information:** Information about staff wellbeing and self-care is available in designated staff areas.

Confidentiality and Support

We recognise the importance of handling conversations about staff wellbeing sensitively and respectfully. Information will be treated confidentially and shared only where necessary. However, where there are

concerns about the safety or welfare of a staff member or another person, appropriate advice and support will be sought from external agencies where necessary. This will be discussed with the staff member wherever appropriate.

Bullying, Harassment and Discrimination

We do not tolerate bullying, harassment or discrimination. Management is responsible for addressing inappropriate behaviour promptly and following the procedures set out in *08.06 Disciplinary Procedure.*

Returning to Work Following Absence

When a member of staff returns to work following a period of absence, a return-to-work meeting will take place in line with our Absence Management Procedure. This provides an opportunity to discuss any support or adjustments that may be needed.

Safeguarding Staff

We follow the relevant safeguarding procedures to protect the safety and welfare of staff team. Where concerns arise about the safety of a member of staff, we will seek advice and support from the appropriate external agencies, involving the Designated Safeguarding Lead where necessary.

Understanding Mental Health and Finding Support

We recognise that emotional and mental health difficulties can affect people in different ways. The information below provides a general introduction to some common mental health concerns and signposts families and staff to organisations offering further information and support.

This information is not intended to diagnose a condition. Anyone experiencing ongoing difficulties or concerns about their mental health should be encouraged to seek appropriate professional advice.

Depression

Everyone experiences ups and downs in life. However, depression can involve ongoing feelings of sadness, hopelessness, emptiness or loss of interest that affect everyday life, relationships and motivation over a period of time.

Further support:

- NHS – Clinical depression
- Samaritans

Anxiety, Panic Attacks and Phobias

Anxiety is something everyone experiences at times. However, when feelings of worry, fear or panic become persistent and begin to affect everyday activities, relationships or wellbeing, additional support may be helpful.

Further support:

- Anxiety UK
- Mind
- Papyrus

Obsessions and Compulsions

Obsessions are unwanted, intrusive thoughts or feelings that can cause distress. Compulsions are repeated behaviours or actions that a person may feel they need to carry out to manage the anxiety caused by these thoughts. These experiences can take many forms and may be associated with obsessive compulsive disorder (OCD).

Further support:

- OCD UK

Eating Difficulties and Eating Disorders

Difficulties around food, eating, weight or body image can affect a person's physical and emotional wellbeing. Eating disorders can take different forms, including anorexia nervosa, bulimia nervosa and binge eating disorder.

Younger children may also experience difficulties around food, such as refusing certain foods or finding eating difficult in particular situations. These behaviours may have a range of causes and should be considered in the context of the child's individual needs and development.

Further support:

- Beat – Eating Disorders
- YoungMinds – Eating Disorders

Related Policies

This policy should be read in conjunction with:

- *04 Health Policy Booklet*
- *06 Safeguarding Children, Young People and Vulnerable Adults Policy Booklet*
- *08 Staff, Volunteers and Students Policy Booklet*
- *08.06 Disciplinary Procedure*
- *09.10 Promoting Positive Behaviour*
- *09.11 Identification, Assessment and Support for Children with SEND*

Sticky Fingers Pre-School
Newlands
% Newlands Primary School
Windermere Avenue
Millbrook
SO16-9QX
023 80764499
SF.Newlands@
stickyfingersps.co.uk

Sticky Fingers Pre-School
Redbridge
% Redbridge Primary school
Studland Road
Millbrook
SO16-9BB
02380 764717
07726772381
SF.Redbridge@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Tanners Brook
% Regents Park
Community centre
Elmes Drive
Millbrook
SO15-4PF
02380 703571
07470015388
SF.Tannersbrook@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Spring road
% 14th Itchen Scout hut
Spring road
Sholing
Southampton
SO19-2NZ
07586560936
SF.Springroad@
stickyfingersps.co.uk

Sticky Fingers Pre-scho
Portswood
Portswood Primary school
Somerset road,
Portswood,
Southampton
SO17-3AA

SF.Portswood@
stickyfingersps.co.uk

Sticky Fingers aspires to provide a safe, fun and welcoming environment for everyone.
We offer children experiences to support their development, empowering them to reach their full potential.

04 Health

04.08 Bereavement

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027

Sticky Fingers Pre-school recognises that bereavement and loss can affect children, parents, carers, families and staff. We understand that everyone experiences grief differently and that even very young children can be affected by the death of someone important to them.

We are committed to responding to bereavement with sensitivity, understanding and compassion. We aim to provide a supportive environment where children feel safe to express their feelings, families feel listened to and supported, and staff are given appropriate guidance and time to manage their own grief.

This policy provides guidance for staff on supporting children and families following a bereavement, as well as explaining the support and leave arrangements available to employees. We recognise that every death and the circumstances surrounding it are different, so our response will be guided by the individual needs of those affected.

Supporting Children Through Bereavement

Even very young children need information

Young children can be affected by bereavement even when they are too young to fully understand what death means. Adults sometimes avoid telling children what has happened because they want to protect them. However, children may notice changes around them, hear conversations or sense that something is wrong.

When talking to children about death, staff should:

- Use simple, clear and honest language that is appropriate to the child's age and understanding.

- Use the word **dead** rather than expressions such as 'gone away', 'lost' or 'gone to sleep', which may cause confusion or make children afraid of sleeping or being separated from someone.
- Understand that explanations may need to be repeated, as young children may not understand the permanence of death.
- Recognise that children develop at different rates. Their understanding will depend on their age, development and previous experiences.
- Avoid giving more information than the child needs or is ready to understand.

A child of three or four may begin to understand the difference between living and non-living things but may not understand that death is permanent and irreversible. They may ask the same questions repeatedly as they try to make sense of what has happened.

Children will respond to bereavement in different ways. Their reactions may depend on their relationship with the person who has died, their understanding of death and the support available to them.

Acknowledge what has happened

Acknowledging a death in a calm, honest and sensitive way can help children and adults begin to understand and talk about what has happened. We recognise that parents and carers may also be experiencing grief and may find it difficult to explain the death to their child. We will offer understanding, reassurance and support without placing pressure on families to talk before they feel ready.

When talking with a child, it is important to use simple, age-appropriate language and acknowledge what has happened.

For example: 'I was very sorry to hear that [name] has died. That means their body has stopped working and they cannot come back. I know this is very sad.'

Staff should:

- Avoid making assumptions about what a child understands. Give them time to process what has been said and gently check their understanding.
- Recognise that children may need the same explanation more than once and may return to the subject at different times.
- Work with parents and carers to understand what the child has already been told and agree how best to support them.
- Reassure parents and carers that they can share concerns or ask for guidance if they are unsure how to answer their child's questions.
- Recognise that adults may need emotional support themselves and respond with patience and understanding.

Stories, books and appropriate activities exploring life, death and the natural world may help children begin to understand what has happened. These should be introduced sensitively, taking account of the child's age, understanding and individual circumstances. Parents and carers may also find these resources helpful when talking with their child at home.

Answer questions honestly

Children may ask questions that adults find difficult to answer. Parents, carers and staff should:

- Listen carefully and give simple, honest answers that are appropriate to the child's age and understanding.
- Allow children to ask questions without making them feel uncomfortable or worried about upsetting adults.

- Avoid explanations that may confuse or frighten them.
- Where possible, share information between home and pre-school so that children receive consistent explanations.
- If unsure how to answer a question, acknowledge this rather than making up an explanation. It may be helpful to ask the child what they think or what they have been told.
- Reassure children that they can talk to a trusted adult whenever they need to.

We recognise that parents and carers may also be grieving and may find it difficult to talk to their child about death. We will listen to their concerns, respect their wishes and offer guidance and reassurance where appropriate. We can work together to find age-appropriate ways to explain what has happened and support the child through their grief.

Adults as role models

Children learn how to express and manage emotions by observing the adults around them. Staff should show children that it is acceptable to feel sad, confused, angry or worried and that there is no right or wrong way to respond to a loss.

Children may express their feelings through play, drawing, painting, stories, role play or changes in their behaviour. They may also return to play as normal and appear unaffected for periods of time. This does not mean that they have not been affected.

Staff should:

- Provide opportunities for children to express feelings through play and creative activities.
- Listen and respond without judgement.
- Allow children to talk or take part in activities when they feel ready, without putting pressure on them.
- Recognise that children may revisit the subject or ask questions some time after the death.
- Avoid interpreting every change in behaviour as a direct response to bereavement.
- Offer reassurance and maintain familiar routines wherever possible.

Grief does not follow a set pattern or timetable. A child may appear settled initially and show signs of distress weeks or months later. Others may show very little change in their everyday behaviour.

Children may respond in a number of ways, including:

- Becoming quieter, withdrawn or more clingy.
- Showing increased anxiety or becoming worried about other people leaving.
- Becoming frustrated, angry or unsettled.
- Returning to earlier behaviours, such as thumb sucking, bedwetting or needing additional reassurance.
- Experiencing changes in sleep, appetite or concentration.
- Re-enacting events through play or repeatedly asking questions.
- Appearing to carry on as normal.

These responses may occur as a child tries to understand and adjust to what has happened. Staff should respond sensitively and seek further advice if concerns persist or affect the child's wellbeing.

Give Reassurance and Maintain Familiar Routines

The death of someone important can make the world feel uncertain for a young child. They may worry about who else might die or whether other people will leave them.

Staff should provide reassurance, consistency and a sense of security by:

- Maintaining familiar routines and boundaries wherever possible.
- Providing comfort and reassurance when a child needs it.
- Letting the child know which familiar adults will be available to support them.
- Keeping promises and explaining any changes to routines or arrangements.
- Working with parents and carers to understand what reassurance the child may need at home and at pre-school.

Where a child becomes particularly anxious about separation, staff should work with the family to agree on a consistent approach.

Working with Parents, Carers and Families

When a family informs us of a bereavement affecting a child, we will respond sensitively and arrange a conversation with the child's parents or carers to understand the circumstances and the support the child may need.

We will:

- Listen to the family's wishes about what information should be shared with the child and other members of staff.
- Discuss what the child has been told and how they are responding.
- Agree how staff should answer questions and provide reassurance.
- Consider whether any changes to the child's routine, attendance or care arrangements may be helpful.
- Maintain communication with the family and review the support being provided.
- Signpost families to further support where appropriate.

Information about a family's circumstances will be treated sensitively and shared with staff only where necessary to support the child or meet safeguarding responsibilities.

Where a bereavement raises concerns about a child's safety or welfare, staff must follow the setting's safeguarding procedures.

Supporting Children When a Bereavement Affects the Setting

A bereavement may affect more than one child or family within the setting, for example where a parent, sibling, member of staff or another person known to the children has died.

Management will consider how best to support the children and staff affected. This may include:

- Agreeing what information should be shared and with whom.
- Providing staff with appropriate guidance on how to answer children's questions.
- Offering additional reassurance and support to children who may be affected.
- Maintaining familiar routines and a consistent approach across the setting.
- Working with parents and carers where children may need additional support.
- Considering whether specialist advice or support is needed.

We will respect the privacy of the bereaved family and will not share personal information without appropriate permission, unless there is a safeguarding or other legal reason to do so.

Employee Bereavement Information

Supporting Employees

Sticky Fingers Pre-school recognises that losing someone close can be an extremely difficult experience. Grief can affect people in different ways and may impact their emotional wellbeing, concentration, sleep and ability to carry out everyday responsibilities.

We aim to support employees with compassion, understanding and reasonable flexibility. Staff should feel able to speak to their manager about a bereavement and discuss any time off or additional support they may need.

Parental Bereavement Leave

Employees may be entitled to statutory Parental Bereavement Leave following the death of a child under the age of 18 or a stillbirth after 24 weeks of pregnancy.

Eligible employees are entitled to two weeks' Parental Bereavement Leave from their first day of employment. This can be taken as:

- Two consecutive weeks.
- Two separate weeks.
- One week, if this is all the leave the employee wishes to take.

A week is based on the employee's normal working week. Leave must be taken within 56 weeks of the child's death or stillbirth.

Eligibility for Statutory Parental Bereavement Pay is separate from eligibility for leave. To qualify for statutory pay, employees must meet the relevant service and earnings conditions. The rate of statutory pay is set by the Government and may change each year.

Employees should inform their manager as soon as reasonably practicable if they need to take Parental Bereavement Leave. The manager will explain the notification requirements and any information needed to arrange statutory pay.

The employee's employment rights are protected during Parental Bereavement Leave.

Further information is available from GOV.UK – Statutory Parental Bereavement Leave and Pay.

Bereavement Leave for an Immediate Family Member

Where an employee experiences the death of an immediate family member, Sticky Fingers Pre-school will provide up to **three working days of paid bereavement leave** to allow them time to deal with the immediate impact of the death, attend the funeral and make necessary arrangements.

For the purposes of this policy, immediate family includes:

- Spouse, civil partner or partner.
- Parent, step-parent or parent-in-law.
- Child or stepchild, of any age.
- Brother or sister, including step-siblings.
- Grandparent or grandchild.
- Son-in-law, daughter-in-law, brother-in-law or sister-in-law.

For part-time employees, paid leave will be based on their normal working days and hours.

We recognise that the circumstances surrounding a death may vary and managers may consider additional support where needed.

Funeral Leave for a Close Friend or Non-Family Member

Where an employee wishes to attend the funeral of a close friend or someone who is not an immediate family member, up to **one working day of paid leave** may be granted.

Requests will be considered by the employee's manager, taking account of the circumstances and staffing arrangements. We will make reasonable efforts to arrange cover so that the employee can attend.

Additional Bereavement Time Off

We recognise that the initial period of leave may not be sufficient for everyone.

Additional unpaid leave of up to four working days may be considered following the death of an immediate family member. Further time off may also be considered depending on individual circumstances, including:

- The employee's relationship with the person who has died.
- Travel requirements, including travel overseas.
- Responsibility for funeral arrangements or managing the deceased person's affairs.
- Caring responsibilities or changes to family arrangements.
- The employee's emotional wellbeing and individual needs.

Employees should discuss any additional time off with their manager. Requests will be considered sensitively and fairly.

Other options may include annual leave, unpaid leave, sickness absence where the employee is unwell, or an agreed temporary change to working arrangements.

Employee Support Following Bereavement

Bereavement does not end with the funeral, and grief may continue to affect an employee for some time.

Employees are encouraged to speak with their manager if they feel their bereavement is affecting their wellbeing or their ability to carry out their role.

Support may include:

- Regular check-ins and private conversations with their manager.
- Temporary adjustments to duties or responsibilities.
- Additional supervision or support from colleagues.
- Flexible working arrangements where practicable.
- A gradual return to normal duties where appropriate.
- Signposting to external sources of advice or support.

Any agreed support or adjustments will be discussed with the employee and reviewed as necessary.

Culture and Diversity

Sticky Fingers Pre-school recognises that different cultures, religions and beliefs have different practices and traditions surrounding death, funerals and mourning.

Managers will be sensitive to individual requirements and will discuss any religious or cultural arrangements that may affect an employee's need for time off.

Employees are encouraged to let their manager know about any particular arrangements or practices they need to observe. Requests will be considered respectfully and fairly.

Health, Safety and Wellbeing

Bereavement can affect concentration, sleep, decision-making and emotional wellbeing. We recognise that this may have an impact on an employee's ability to carry out their usual duties, particularly where their role involves responsibility for the care and safety of children.

Employees should speak to their manager if they feel their bereavement is affecting their ability to work safely or carry out their responsibilities.

Managers will discuss any concerns with the employee and consider whether temporary adjustments, additional support or time away from work are appropriate.

Where an employee is not well enough to work, the usual sickness absence procedures will apply.

Returning to Work

We understand that returning to work following a bereavement can be difficult. Managers will approach this sensitively and arrange a return-to-work conversation where appropriate.

This provides an opportunity to discuss how the employee is feeling, whether they need any additional support and whether temporary changes to their duties or working arrangements would be helpful.

Where practicable, a phased return, reduced hours or alternative duties may be considered and agreed with the employee. Any arrangements will be reviewed and managed in line with the relevant employment policies and procedures.

Sticky Fingers Pre-School
Newlands
% Newlands Primary School
Windermere Avenue
Millbrook
SO16-9QX
023 80764499
SF.Newlands@
stickyfingersps.co.uk

Sticky Fingers Pre-School
Redbridge
% Redbridge Primary school
Studland Road
Millbrook
SO16-9BB
02380 764717
07726772381
SF.Redbridge@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Tanners Brook
% Regents Park
Community centre
Elmes Drive
Millbrook
SO15-4PF
02380 703571
07470015388
SF.Tannersbrook@
stickyfingersps.co.uk

Sticky Fingers Pre-school
Spring road
% 14th Itchen Scout hut
Spring road
Sholing
Southampton
SO19-2NZ
07586560936
SF.Springroad@
stickyfingersps.co.uk

Sticky Fingers Pre-scho
Portswood
Portswood Primary school
Somerset road,
Portswood,
Southampton
SO17-3AA

SF.Portswood@
stickyfingersps.co.uk

Sticky Fingers aspires to provide a safe, fun and welcoming environment for everyone.
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04 Health

04.09 No smoking, vaping, alcohol and substance misuse

Approved by: Senior Leadership Team
Date Implemented: September 2026
Last Edited: September 2026
Review Date: September 2027

Policy Statement

At Sticky Fingers Pre-school, we are committed to promoting the health, safety and wellbeing of children, families, staff and visitors. We operate a strict no smoking, vaping, alcohol and substance misuse policy across all our settings.

Smoking, vaping, alcohol consumption and the use or misuse of substances can affect the health, safety and wellbeing of others. We therefore do not permit smoking, vaping, alcohol consumption, illegal substances or the misuse of medication anywhere on our premises or grounds.

This policy applies to everyone using or visiting our settings, including staff, parents, carers, contractors and visitors.

Smoking and Vaping

Smoking, vaping and the use of e-cigarettes are not permitted anywhere on Sticky Fingers Pre-school premises or grounds at any time.

This applies to all staff, parents, carers, visitors and contractors.

This means:

- Staff, parents, carers and visitors must not smoke or vape anywhere on the premises or grounds.
- There are no designated smoking or vaping areas within our settings.
- Staff must not smoke or vape while responsible for children or during working hours.
- Parents and carers must not smoke or vape while dropping off or collecting children or while attending the setting.
- Visitors and contractors must follow the same requirements.

Staff and Smoking or Vaping

Staff who smoke or vape must only do so away from the premises and grounds, during an authorised unpaid break.

Staff must:

- Change out of, or adequately cover, their uniform before smoking or vaping.
- Take reasonable steps to reduce lingering smoke or vapour odours before returning to work.
- Maintain good personal hygiene before returning to the setting.

Staff should be mindful of the effects that smoke and lingering odours may have on children and colleagues.

Alcohol and Substance Misuse

Alcohol and illegal substances must not be brought onto or consumed anywhere on the premises or grounds.

No person may:

- Consume alcohol while on the premises or grounds.
- Use illegal drugs or controlled substances unlawfully.
- Misuse prescription medication or over-the-counter medicines.
- Attend work or remain on the premises while under the influence of alcohol or any substance that may affect their ability to care for children or carry out their responsibilities safely.

Where a member of staff appears to be under the influence of alcohol or substances, or there are concerns that their ability to work safely is impaired, the manager must take immediate action to protect children and others.

This may include:

- Removing the staff member from direct responsibility for children.
- Ensuring appropriate cover is in place and staff-to-child ratios are maintained.
- Arranging for the staff member to leave the setting safely.
- Recording the incident and informing senior management.
- Taking appropriate action in line with 08.06 Disciplinary Procedure (Including Capability Procedure).

The staff member must not be allowed to continue working directly with children where their ability to care for them safely may be affected.

Prescription and Over-the-Counter Medication

Staff who are taking prescription or over-the-counter medication must inform their manager if the medication may affect their ability to carry out their duties safely.

Where medication may cause drowsiness, affect concentration or impair judgement or coordination, staff must seek advice from a medical professional.

In accordance with the EYFS requirements, staff must only work directly with children where medical advice confirms that the medication is unlikely to impair their ability to care for children properly.

All medication brought onto the premises must be stored securely and kept out of children's reach at all times.

Further information is available in *04.02 Administration of Medication Policy.*

Parents, Carers and Visitors

Parents, carers and visitors are expected to follow this policy whenever they are on the premises or grounds.

If a member of staff suspects that a parent or carer is under the influence of alcohol or substances, and this may affect their ability to care for or safely collect their child, the staff member must act immediately.

Staff must:

- Remain calm and avoid confrontation.
- Inform the manager or Designated Safeguarding Lead (DSL) immediately.
- Ensure the child's safety and do not release the child into the care of someone who may be unable to care for them safely.
- Follow the procedures in *06.07 Incapacitated Parent Policy*.
- Contact the appropriate safeguarding services or police where necessary.

Staff must not place themselves or the child at risk when dealing with these situations.

Support to Stop Smoking or Using Substances

We recognise that smoking, vaping and substance misuse can be difficult issues for individuals and that some people may wish to access support.

We can provide information and signpost staff, parents and carers to appropriate services, including NHS stop-smoking support and other relevant organisations.

Any conversations about an individual's circumstances will be handled sensitively and confidentially, unless information needs to be shared to protect a child or another person.

Related Policies

- 04 Health Policy Booklet
- 04.07 Emotional Health and Wellbeing
- 04.08 Bereavement
- 06 Safeguarding Children, Young People and Vulnerable Adults Policy Booklet
- 06.07 Incapacitated Parent Policy
- 08 Staff, Volunteers and Students Policy Booklet
- 08.06 Disciplinary Procedure (Including Capability Procedure)