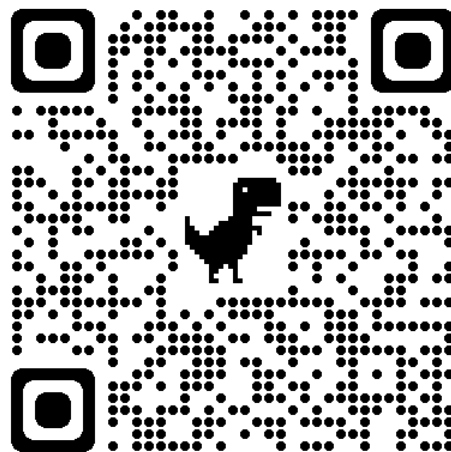




Health Policy booklet



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04 Health policy

(Alongside associated policies and procedures in 04.01-04.07)

Aim

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

Objectives

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

Legal references

Medicines Act (1968)
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
Control of Substances Hazardous to Health (COSHH) Regulations (2002)
Health and Safety (First Aid) Regulations 1981
Food Information Regulations 2014

Further guidance

[Accident Record](#) (Early Years Alliance 2019)

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04 Health Policy

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04.01	- Accidents and Emergency treatment
04.02	- Administration of medication
04.03	- Life-saving medication and invasive treatments
04.04	- Allergies and Food Intolerance
04.05	- Poorly children
04.06	- Oral health
04.07	- Emotional health and wellbeing
04.08	- Bereavement

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04 Health

04.01 Accidents and emergency treatment

Person responsible for checking and stocking first aid box:

SF Newlands	SF Redbridge	SF Tanners Brook	SF Spring Road
Katrina G	Abby L	Carly B	Paula

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in 03 Food safety and nutrition policy.

- Parents consent to emergency medical treatment consent on registration
- All staff are paediatric first aiders or booked onto a course within the first three months of their employment. Staff regularly update their training and First Aid certificates are renewed at least every three years. New staff members are trained in Paediatric first aid and first aid at work
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
 - 20 individually wrapped sterile plasters (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, individually wrapped, sterile, unmedicated wound dressings
 - a pair of disposable gloves
 - adhesive tape
 - a plastic face shield (optional)
- No other item is stored in a First Aid box
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer

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- The Health and Safety Officer is responsible for checking and replenishing the First Aid Box contents
- A supply of ice packs are kept in the main kitchen fridges
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded on a Sticky Fingers reporting form. Parents may have a photo-copy of the accident form on request
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111
- Following the parents signing the form, it will then be scanned on to the child's individual file on CPOMS and the paper copy kept until the child is 21 years old or 25 if the child has Special Educational Needs or Disabilities

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.08 Death of a child on site procedure is implemented and the police are called immediately
- The child's enrollment form is taken to the hospital with the child
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the Designated Safeguarding Lead/Deputy who notifies the Designated Safeguarding Officer and records the incident on the child's file on CPOMS as soon as possible
- The Lead Practitioner is consulted before a RIDDOR report is filed by the managers

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- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and scanned onto CPOMS and one for the local authority Health and Safety Officer
- The owners/directors/trustees are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care in order to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

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04 Health procedures

04.02 Administration of medicine

Key people are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly and records kept.'

Administering medicines during the child's session will only be done if absolutely necessary.

If a child has not been given a prescription medicine before, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

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 key person/manager. The setting manager should be 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.
- Members of staff who receive the medication ask the parent to sign a consent form stating the following information. No medication is given without these details:
 - full name of child and date of birth
 - name of medication and strength

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- who prescribed it
- dosage to be given
- how the medication should be stored and expiry date
- a note of any possible side effects that may be expected
- signature and printed name of parent 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
 - the date and time of dose
 - dose given and method
 - signed by key person/Lead Practitioner
 - verified by parent signature at the end of the day

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A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

Children with long term medical conditions requiring ongoing medication

- Risk assessments are carried out for children that require ongoing medication. This is the responsibility of the setting's lead practitioner and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents contribute to their child's risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factors for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs is part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought if necessary, where there are concerns.
- A health care plan form is completed fully with the parent; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

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.

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- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card to record administration, with details as above.
- The card is later stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

Staff taking medication

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or in the office in the medication box. The manager must be made aware of any contra-indications (side effects) for the medicine so that they can risk assess and take appropriate action as required.

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04 Health procedures

04.03 Life-saving medication and invasive treatments

Life-saving medication and invasive treatments may include adrenaline injections (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

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- 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.

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04 Health procedures

04.04 Allergies and food intolerance

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.

- 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 care plan form must be completed with:
 - 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 is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff.
- Parents show staff how to administer medication in the event of an allergic reaction.
- 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.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

- Oral medication must be prescribed or have manufacturer's instructions written on them.

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- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents' prior written consent. Consent is kept on file.

For other life-saving medication and invasive treatments please refer to *04.2 Administration of medicine*.

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04 Health procedures

04.05 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts (while waiting for the child to be collected by an appropriate adult.).
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them 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 children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The Lead Practitioner notifies their manager if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.

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- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis

HIV/AIDS procedure

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

- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is bagged and labelled for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Mouthed toys are kept clean and plastic toys cleaned in sterilising solution regularly.

Nits and head lice

- Nits and head lice are not an excludable condition; although in exceptional cases parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

****Paracetamol based medicines (e.g. Calpol)**

The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis, unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises

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as they are not allowed to 'prescribe'. Ofsted is normally in agreement with this. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.

Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.

Further guidance

[Good Practice in Early Years Infection Control](#) (Alliance 2009)

[Medication Administration Record](#) (Early Years Alliance 2019)

Guidance on infection control in schools and other childcare settings (Public Health Agency)

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

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04 Health procedures

04.06 Oral health

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/pacifiers

- 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

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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 a Healthy Mouth Lead 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 Healthy Mouth Lead 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

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- 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 Healthy Mouth Lead 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 Healthy Mouth Lead and/or the oral health practitioner 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.

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- 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 Healthy Mouth lead 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.
- Clean and prepare the area where the tooth brushing is going to take place using the appropriate coloured cloth to wipe down surfaces.
- Both the supervisor and the child should wash their hands following NHS guidance before the tooth brushing session to adhere to infection control procedures.
- In addition, the supervisor will tie their hair back, if applicable, and should wear appropriate personal protective equipment (disposable gloves and apron)

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- Each child will be given a piece of paper towel with the correct amount of toothpaste based on their age (a smear of toothpaste for under 3 year old's and a pea sized amount for 3 years and over)
- The children are encouraged to point out their own individual toothbrush in the holder, the supervisor will support the children and hand them their brush by the stem to prevent any cross contamination.
- Children should be seated while the tooth brushing takes place and be encouraged to brush up, down and all around. Staff will role model good tooth brushing techniques using the tooth brushing model and tooth brush.
- After the tooth brushing is completed, children should spit the excess toothpaste/saliva into their paper towel and be discouraged from rinsing their mouth. The paper towel will be put in the nearest bin and the child will wash their hands.
- The supervising staff member will mark that the child has brushed their teeth at pre-school on their key group form ready to reward at the end of the half term with a certificate.
- Toothbrushes should be taken to an identified sink area, which is clean and clutter-free, by the supervisor who is responsible for rinsing each toothbrush individually under cold running water; the toothbrushes should not come into contact with the sink or each other.
- After the rinsing of the toothbrushes is complete, the supervisor should dab them dry on an individual piece of paper towel.
- The supervisor should then return the brushes to their designated place in the toothbrush rack.
- Any visible drips on the racks should be mopped up using a paper towel.
- The storage lids should then be replaced on the racks and the racks returned to their safe storage location, out of the reach of children.
- The supervisor makes sure the sinks are clean before de-robing and disposing of their apron and gloves appropriately.
- Racks should be cleaned at least weekly with hot, soapy water, they will be cleaned immediately if they become soiled. The area where the racks are stored is also cleaned with antibacterial spray at least once a week.

The Commitment required from our parents/families

- We require parents and carers to support our setting with implementing Healthy Mouth Policy and achieving our overall aims, giving consent to the supervised toothbrushing programme
- Parents will highlight any special needs to the setting as soon as possible that could

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present as barriers to toothbrushing such as if the child does not like flavoured toothpaste

- Being a positive role model to children at home and in the setting, ensuring that children brush twice daily at home in addition to brushing in the setting
- Communicate with pre-school if you have any concerns over your child's oral health.
- To follow advice from the setting to promote better oral health for their child especially involving bottles, dummies, food and drinks.

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04 Health

04.07 Emotional health and wellbeing

Mental Health First Aiders:

To complete training: Sticky Fingers Leadership team

Well-being Practice Lead:

Katrina G (Newlands)

Abby L (Redbridge)

Carly B (Tanners Brook)

Dan H (Spring Road)

Designated safeguarding lead (DSL) is:

Kayleigh C (Newlands)

Rachel C (Redbridge)

Diane B-H (Tanners Brook)

Laura K (Spring Road)

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 supporting the emotional health and wellbeing of our children and their families and our staff. We have a supportive and caring ethos and our approach is respectful and kind, where each individual and contribution is valued. All staff and management will endeavour to look after each other's mental wellbeing. It is the aim of this policy to raise the awareness of the importance of health and wellbeing for all children and their families.

We know that everyone experiences life challenges that can make us vulnerable and at times, anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play. We understand the importance of positive health and wellbeing, to ensure we are providing a healthy and secure environment for children to thrive and for staff to feel valued and supported.

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Mental health is more than the absence of mental disorders, it is an integral part of health whether this is positive or challenging and is determined by a range of socioeconomic, biological and environmental factors. It is a state of wellbeing that an individual realises their own abilities, can cope with the normal stresses of life, work productively and is able to make a contribution to their community.

The World Health Organization (WHO) states “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (Health and wellbeing - who.int)

We ensure that policy is reviewed annually unless adaptations need to be made prior to this. Management will ask for staff, parent and committee feedback during the review and changes made accordingly.

Why mental wellbeing is important for children, staff and families:

Mental ill health and stress are associated with many of the leading causes of disease and disability in our society. Promoting the mental wellbeing for all our staff, children and their families is important for individuals' physical health, social wellbeing, and ability to do well. Wellbeing relates to the basic needs of everyone, this includes:

- Physical needs (Eating, drinking, moving and sleep)
- Safety, clarity and continuity (Understanding rules, being able to recognise what comes next and feeling safe and secure to communicate with others)
- Feeling capable (accepting recognition for achievements)

Throughout Sticky Fingers Preschool we promote social and emotional health and wellbeing along with physical health, ensuring all staff support the children's understanding of their own feelings.

The Early Years Foundation Stage Statutory framework (2024) states that “Children's personal, social and emotional development (PSED) is crucial for children to lead healthy and happy lives and is fundamental to their cognitive development. Underpinning their personal development are the important attachments that shape their social world. Strong, warm and supportive relationships with adults enable children to learn how to understand their own feelings and those of others. Children should be supported to manage emotions, develop a positive sense of self, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention as necessary..” (Page 9.)

Benefits of supporting mental health and wellbeing:

Supporting mental health and wellbeing have many benefits to the children, staff and parents/carers these include

- Children are more engaged with learning
- Parents are more engaged with the preschool and their child's learning and development
- Children develop resilience

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- High morale within the setting
- Good relationships between staff, parents/carers and children
- Job satisfaction leading to great retention of staff.

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

At Sticky Fingers Pre-school we:

- help children to understand their emotions and feelings better
- help children feel comfortable sharing any concerns or worries
- help children socially to form and maintain relationships
- promote self esteem and ensure children know that they count
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- encouraging a sense of belonging
- promoting pupils voices and opportunities to participate in decision-making
- celebrating academic and non-academic achievements
- providing opportunities to reflect
- access to appropriate support that meets their needs

This policy should be read in conjunction with our:

- *04 Health policy booklet*
- *09.10 Promoting positive behaviour*
- *09.11 Identification, assessment and support for children with SEND policy*
- *06 Safeguarding children, young people and vulnerable adults policy booklet*

Supporting mental health

Two key elements to support good mental health are:

- **Feeling Good** – experiencing positive emotions like happiness, contentment, and enjoyment, also including feelings such as curiosity, engagement, and safety.
- **Functioning Well** – how a person can function in the world, this includes positive relationships and social connections, as well as feeling in control of your life and having a sense of purpose.

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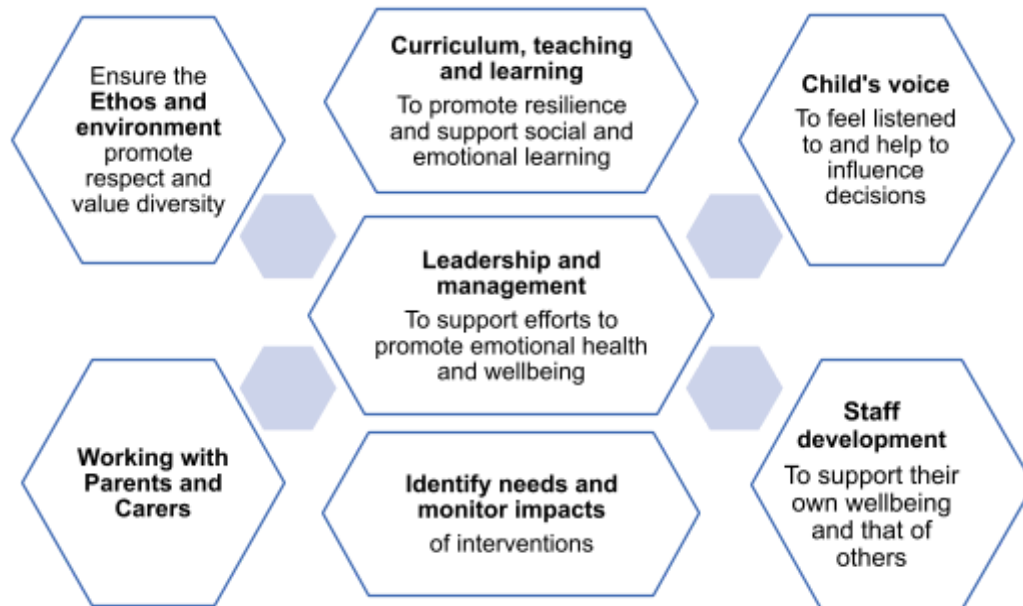
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The seven identified principles will underpin the approaches used to support the development and integration of wellbeing strategies within Sticky Fingers Pre-school. The policy and curriculum delivery will be tailored to promote the key aspects of improving mental health and wellbeing. It focuses on creating a socially, emotionally and physically rich environment where key relationships can thrive and children can feel secure in their learning.

Our curriculum promotes emotional health and wellbeing with our key focuses being:

- Have a love of learning and belief in themselves,
- Demonstrating a love of books, stories and rhymes,
- Having a sound understanding of how to keep themselves safe,
- Understanding rules and boundaries and being respectful of others,
- Be a confident communicator who demonstrates the ability to express themselves and has a broad understanding of language.

These aspects are incorporated throughout the settings into our daily practice ensuring that we are consistently preparing children for their next steps in learning and future success.

Staff will have access to training and signposting to approaches and resources that will support their own emotional health and wellbeing with an aim to foster team-work and create solidarity.

Identifying the needs of the children

Wellbeing measures include staff observations focusing on any changes in behaviour, attention and presentation will feed into the identification process as well as any communication from the children regarding their emotions and feelings.

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This could include:

- A child being withdrawn or unresponsive
- Children showing changes in behaviour or challenging behaviour
- Regression such as bedwetting, thumb sucking, sleep disturbances
- Delayed speech or poor communication and language skills

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to the Designated Safeguarding Lead as soon as possible and if there is a concern that the child is in danger of immediate harm then the normal safeguarding procedures as set out in **06.01 Responding to safeguarding or child protection concerns** should be followed with an immediate referral to the designated safeguarding lead.

During supervision meetings, staff are asked if they have any concerns about a child, giving them opportunities to discuss any concerns that they haven't already raised, or have continued concerns inline with our requirements set out in the Early Years Foundation Stage statutory framework (2024) which states that " 3.28 Supervision should provide opportunities for staff to:

- discuss any issues – particularly concerning children's development or well-being, including child protection concerns
- identify solutions to address issues as they arise
- receive coaching to improve their personal effectiveness.

Working with All Parents and Carers

Parents are often very welcoming of support and information from the Pre-school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues
- Ensure that all parents are aware of who they can talk to, and how to get the support they need if they have concerns about their own child or a friend of their child
- Make this policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular parent events/meetings, Tapestry and social media updates and information on our website.

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

Children: Children are assigned a key person during their enrollment process.

This is a requirement as set out in the Early Years Foundation Stage Statutory framework (2024) which states that "3.34 Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with

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the setting, offer a settled relationship for the child and build a relationship with their parents and/or carers. They should also help families engage with more specialist support if appropriate.”

We also ensure that activities are included into our weekly planning to help promote health and wellness. Examples of these activities are:

- Spending time outside - we have free flow access to the garden area throughout the session
- Emotional regulation activities, identifying their emotions
- Stories
- Working alongside other children or in a group to promote friendships.

All children will be encouraged to take part in these activities, this will either be as a group or independently.

Staff Training and CPD: As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training and have access to our training provider, Early Years Alliance where they can keep their knowledge up to date in line with their training requirements and continue to develop their own practice.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils, where the need to do so becomes evident.

Parents/carers/families: Parents/carers/families are welcomed into the setting by their child's key worker during the initial enrollment meeting and will continue to build a good relationship with them throughout their child's time at the setting. During the enrollment meeting, information about this policy and where to find the whole document as well as how to raise concerns is shared with the family.

The key worker will ensure they are communicating with the family, this can include concerns and achievements of their child. Parents/carers/families will be updated about their child weekly through Tapestry where they can communicate with the staff about their child as well.

The open door policy also applies to parents/carers/families, they are welcome to ask for support privately at any time. This may include the setting making referrals or signposting to other agencies.

We also share information about emotional health and wellbeing, including signposting in the newsletter. our website and social media pages and our 'Want to talk?' Poster is displayed on our parent board in each setting, including information about how to raise concerns about a child or their family with the setting's Designated Safeguarding Lead (DSL) or Children's Resource Services/police.

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Wellbeing

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support - Samaritans: www.samaritans.org

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and adults, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

- Anxiety UK: www.anxietyuk.org.uk
- Papyrus - Support and advice too young people struggling with thoughts of suicide: www.papyrus-uk.org
- Mind - Provide advice and support to empower anyone experiencing a mental health problem: www.mind.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting. Compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so.

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Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support - OCD UK: www.ocduk.org/ocd

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a person experiences day to day. Some people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging).

Other people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

- Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>
- Young Minds- Tips and advice on how to support at home and get professional help
<https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/eating-disorders/>

Identifying the wellbeing needs of the staff

This policy links to procedures as set out in our policy booklets,

- *04 Health policy booklet,*
- *08 Staff, volunteers and students policy booklet*

Our ethos

- We know that the care and education of young children is highly rewarding. However, we are also aware of the day-to-day demands and pressures of modern life such as family life, financial worries, health concerns and work-life balance and how these pressures, alongside the role of providing high quality care and education to young children, can place a high level of demand on all of our employees.
- In order to support our staff team, the management team put procedures in place that ensure staff well-being remains one of the key focuses of our practice. In doing this, we aim to provide our team with a safe, inclusive and nurturing working environment that acknowledges their needs, not just within the workplace but as a whole person.
- We have a named staff member in each setting who leads the well-being practice, supporting the management team to ensure that we can monitor the emotional health and wellbeing of all members of the team.
- They will act as an advocate for the staff, feeding back the feelings in the setting based on day-to-day demands and pressures and ways in which management could support a positive, happy environment to ensure all staff feel supported and valued.

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- The Lead Practitioner and Senior Management will continue to support the team with any concerns or issues they may have through an open door policy, return to work meetings and supervision meetings, offering support on staff well-being and know where to access external support.
- The well-being practice lead and management team are also committed to keeping their well-being and mental health knowledge up-to-date and are responsible for reviewing our practices, supporting the developing knowledge of the whole staff team, to ensure we are implementing the necessary strategies to safeguard the well-being of our staff.

Promoting staff wellbeing

At Sticky Fingers Pre-school, we promote the good health and wellbeing of all our staff. As a pre-school, we endeavour to support staff well-being, not only to ensure that children receive high quality care, but also to ensure our employees feel supported and cared for, as part of a team.

Mental ill-health is usually caused by a combination of work and non-work related factors. There are a myriad of reasons for mental ill-health, from the pressure of ongoing change at work to longer or more intense hours exacerbated by financial pressures at home, or relationship problems and greater caring responsibilities. Striking the balance between what is considered appropriate results, or output, and robust mental health is tricky. We are committed to constantly upskilling ourselves so that we know about how to create and maintain conditions that support and encourage good mental health, as well as recognise the signs of mental ill health and provide appropriate support.

We recognise the importance of safeguarding the mental health of all of our employees, by providing a happy and nurturing working environment. With statistics in the UK showing that each week 1 in 6 of us experiences a common mental health problem, we are committed to acknowledging and supporting our staff's physical and emotional needs.

Supporting staff members individually

We include well-being as part of our discussions at staff supervision sessions and appraisals. During these sessions, we work with staff on an individual basis, and have well-being discussions to ascertain any individual well-being needs.

All staff are asked how they are managing their workload, if they require any support with their mental health at wellbeing at work or outside of the setting and how we could support them and we will do our best to do.

We understand that mental ill health can happen with circumstances that are happening outside the setting as well, they are also supported with these as well. Within the setting we support an open door policy, where all staff are welcome to speak to a member of management at all times. This is highlighted to staff during their induction process and reminders of support given during supervisions and staff meetings.

We also have an open door policy where staff are able to have discussions with management at

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any time to raise any concerns or issues, including those that arise outside of the setting relating to their home life, to support their mental health and wellbeing.

Where the manager and staff member feel it is appropriate, they will draw up an individual action plan, including reviewing workload and any stress triggers. With the needs of the setting also in mind, reasonable adjustments will be made for the member of staff; this could include flexible working agreements (see below), changes in environment, adjustments to job role/s and responsibilities, more frequent breaks, a working buddy, or any other appropriate measure that it is felt could be helpful.

Management: Lead Practitioners and managers are supported by other members of the Sticky Fingers Senior Leadership Team and the pre-school committee. They are able to request support by Southampton City Council's development team and Early Years Advisory Teachers, including attendance at Wellbeing Wednesdays.

Procedures to minimise work related stress:

- To ensure staff are supported within the setting, new staff will receive a full induction, so they feel competent and capable to carry out their role and responsibilities
- Staff will receive ongoing training, coaching and mentoring to ensure that they are supported to feel confident in their role and to minimise stress within the workplace
- Regular supervisions take place each term in which staff well-being is discussed and recorded
- Practitioners are respected and valued in their work, whatever their role. Tasks are shared out appropriately according to their role and level of responsibility, the workload is monitored and reviewed on a regular basis
- Staff are encouraged to have a healthy work-life balance; this is supported by ensuring the workload is monitored so that it is not necessary for staff to work outside of their scheduled hours. All contributions to work are valued and celebrated
- We carefully review our expectations around the amount of paperwork that staff must complete, including observations and assessments of children. We work as a team to ensure all record keeping is meaningful and kept to an appropriate level so as not to add undue pressure to staff members
- We work hard to maintain a reflective culture within the setting that encourages feedback from staff about management procedures and working relationships. This reflective culture supports an environment of teamwork, facilitating the involvement of every member of staff in the practice of our setting
- Staff are encouraged to take their required breaks at appropriate intervals to ensure they have time to rest and recuperate, with time away from busy rooms
- The settings Lead Practitioner and senior management are available for staff to come and discuss any issues or concerns

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- The setting ensures that confidential conversations take place in private, away from other staff members and children
- All information remains confidential or on a need to know basis to support the facilitation of open and honest conversations. However, where management feels there is a question around the safety of the staff member, they will refer to outside agencies for support and guidance. These measures will be discussed in a sensitive and understanding manner with the staff member, as appropriate
- We actively promote a culture of mutual respect, tolerance and cooperation tolerance, in line with the British values
- Team meetings are facilitated to support with team development, to raise awareness of mental health and well-being by engaging staff in conversations about how the setting maintains a supportive environment
- We promote a culture that supports any staff member who is experiencing a mental health related illness to discuss this and reasonable adjustments will be made to support any staff experiencing stress and any mental health issues
- If the Pre-school is made aware of any member of staff who requires support, a plan for more regular support sessions and adjustments to their working day will be discussed and decided in partnership with the staff member. This plan will be reviewed regularly and adapted to ensure it is relevant and appropriate.
- If adjustments are unable to meet the needs of the member of staff or the setting, then further advice and support will be sought
- Staff well-being and staff self-care information is available within designated staff areas
- Management supports practitioners in a safe culture where bullying, harassment and discrimination are not tolerated, along with a culture that challenges and deals with any inappropriate behaviour in a timely manner. (*See 08.06 Disciplinary procedure*)
- If a member of staff is returning to work after a period of absence, a back to work interview is carried out as per our Absence management procedure.

We follow all statutory guidance on the safeguarding of our workforce and as stated, if there is a concern about the safety of a member of staff, we will work with the Designated Safeguarding Lead to ask for support from the appropriate external agencies; this is to ensure the continued safety of our workforce at all times.

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04 Health

04.08 Bereavement

Sticky Fingers Pre-school is fully committed to the emotional health and well-being of our children and young people and that of our staff. We understand that bereavement is an experience which will be faced by all members of our setting at some point. This policy will provide guidelines to be followed after a bereavement. The aim is to be supportive to both children and adults including parents, and for staff to have greater confidence and be better equipped to cope when bereavement happens. Every death and the circumstances in which it occurs is different and this policy has been constructed to guide us on how to deal professionally, sensitively and compassionately with difficult matters in upsetting circumstances.

Even very young children need information

- When someone dies, adults often, with the best of intentions, do not tell children the truth, assuming that under 5's are too young to be aware, or understand.
- Do not be afraid to use the word "dead." It may feel harsh but euphemisms such as "lost" or "gone away" only create confusion and misunderstanding in young children who take what they hear very much at face value. The explanation may need to be repeated many times for this age group
- Children mature at different rates and their understanding and responses to bereavement are likely to be based as much on their experience of life as on their chronological age.
- A child of 3 or 4 may use the word dead in context and will begin to differentiate between things which are dead and alive, but they will not understand abstract concepts like 'forever' and cannot grasp that death is permanent and irreversible
- Children, like adults, will grieve in different ways and their responses to a bereavement will depend on their age, understanding and relationship with the person who died.

Acknowledge what has happened

- The most helpful thing that you can do for grieving children, even when very young, is to acknowledge what has happened. Keep it very simple, "I was very sorry to hear that *** has died, that is a very sad thing to have happened."
- Do not assume that they understand what has been said. Try to check out their understanding of what being dead means. Using some of the suggested storybooks or exploring the life cycle with examples from the natural world, may help a young child to start to grasp the reality of what being dead means.

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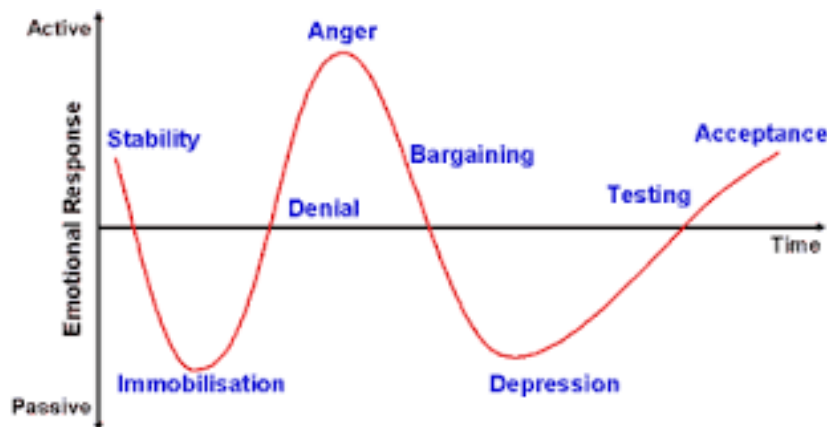
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Try to answer questions honestly

- Keep the language simple and age appropriate. It is important to find out what has been said to the child at home as it will be confusing if explanations differ. Adults act as a role model so it is helpful if everyone can take the same approach.
- Children need an accepting and supportive environment where they feel safe to ask questions and share feelings. When they ask difficult questions which you are unable to answer, ask the child what they think or ask them what they have been told.

Adults as role models

- If the adults around them can express their emotions, a young child will know it is OK to do the same. Encourage and help them to express feelings by giving opportunities through play and other activities. They may play at being dead and although adults might find this disturbing, it is how very young children make sense of the world around them. Messy painting or drawing can help a child who is too young to have acquired the vocabulary of loss and grief.
- It is important to understand that grief is a process and doesn't start with the death and end with the funeral (see diagram below on the Kubler-Ross grief cycle).



- It is important to realise that every child will move through this cycle in a different way. Some may move towards acceptance very quickly with no apparent change to their behaviour and then may suddenly show anger, testing etc. several months after the death has occurred. Others may progress through various stages of the cycle over a more sustained period of time.
- Children are at a developmental stage where they are learning to trust and form basic attachments to others. When experiencing death, they are dependent upon the adults around them. They may experience heightened anxiety or become confused about what has happened. Some children may become very withdrawn while others may find it useful to role play the event. Others may become very attached to parents/carers and not want them to leave. Others may display anger, wetting, soiling, tantrums, and disturbed patterns of sleep. All of these are normal signs of how a pre-school child moves through the grief cycle.

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Give reassurance

- When someone close to them dies, the world can become a very scary place for a young child, and they may start to wonder who else is going to leave them. If you make a promise, stick to it and continue to reassure an anxious child.

Employee information

Losing a loved one can be a very difficult time. Sticky Fingers Pre-school acknowledges the personal nature of bereavement and grief and is committed to supporting employees in practical and reasonable ways

Bereavement leave is paid leave that allows an employee time off to deal with their personal distress and related practical arrangements, primarily, but not limited to, when a member of their family dies.

Sticky Fingers Pre-school acknowledges that bereavement impacts all individuals differently and the guidelines below are intended to show the leave an employee is entitled to in different circumstances.

Bereavement Leave for an under 18-year-old child or still born in or after the 24th week of pregnancy:

Parents who suffer the devastating loss of a child will be entitled to up to two weeks' parental bereavement leave if they meet the following conditions:

- the child was under the age of 18 or still born in or after the 24th week of pregnancy; and
 - either they had the responsibility for the upbringing of the child; or they are the biological parent of the child or are married to or are the partner of the child's mother or father.
 - This may be taken as either two consecutive weeks or two separate blocks of one week and must be taken within 56 weeks of the child's death.
- Throughout the parental bereavement leave, all terms and conditions of employment are maintained with the sole exception of pay. In order to take parental bereavement, leave, the employee should give their employer notice of:
 - the date of death
 - the date the parental bereavement leave will start; and
 - how long the leave will be.
 - Where the employee wishes to take the leave within eight weeks of the child's death, this notice should be given before the leave starts or where this is not reasonably practicable, as soon as is reasonably practicable.

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- If the employee wishes to subsequently cancel a week's parental bereavement leave, they should give notice to their employer before the start of that working week.
- "Family friendly" rights: If an employee wishes to take the leave after eight weeks of the child's death but before the 56th week, this notice should be given at least one week before the start of the leave. Such leave can also be cancelled by giving at least one week's notice before the start of that week. There is no qualifying service, or a minimum number of hours worked to be entitled to parental bereavement leave.
- In order to qualify for Statutory Parental Bereavement, Pay (SPBP) from their employer, an employee needs to have the following:
 - at least 26 weeks continuous service at the end of the week before the child's death
 - average earnings above the National Insurance lower earnings limit during the eight weeks before the week of the child's death.
- Where these conditions are met, there will be an entitlement to a maximum of two weeks SPBP, paid at the statutory rate or 90% of average weekly earnings where this is lower
- Parents will not need to provide the employer with a death certificate as evidence.
- Offering time and flexibility to bereaved families at a time that best suits them is also crucial in supporting them through their journey.

Bereavement Leave for an Immediate Family Member

- When a death occurs in an employee's immediate family, all regular full-time employees may take up to three (3) days off with pay to attend the funeral or make funeral arrangements.
- The pay for time off will be prorated for a part-time employee if the funeral occurs on a scheduled workday.
- Immediate family members are defined as an employee's spouse, parents, stepparents, sisters, brothers, children aged over 18, stepchildren over 18, grandparents, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, or grandchild.

Non-Family Member Funeral Leave

- All regular, full-time employees may take up to one (1) day off with pay to attend the funeral of a close, non-family member. This time off will be considered and granted by the employee's manager on a case-by-case basis due to the settings ratio's on that day, but will try their best to get the day covered by another staff member with an equal qualification.
- The pay for time off will be prorated for a part-time employee if the funeral occurs on a scheduled workday.

Additional Bereavement Time Off

- We understand the deep impact that death can have on an individual or a family, therefore additional non-paid time off may be granted. The employee may make arrangements with his or

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her manager for an additional four unpaid days off in the instance of the death of an immediate family member.

- Additional unpaid time off may also be granted depending on circumstances such as distance, the individual's responsibility for the funeral arrangements, and the employee's responsibility for taking care of the estate of the deceased.
- Individual employee circumstances may be discussed with the employee's manager to determine whether additional considerations are needed. It is the company's intention to support employees during their times of grief and bereavement.

Employee support

- Sticky Fingers Pre-school acknowledges that bereavement leave is intended to support employees in the immediate period around the death of a relative. However, the process of grief, the natural reaction and adjustment to loss and change may take a significant time and will be personal to each individual.
- An employee with any concerns about the grieving process impacting on their work performance should discuss this in confidence with either their line manager to ensure that any reasonable adjustments that may be necessary are discussed and put in place and that the employee is supported in their return to the full range of duties and responsibilities that they had prior to the bereavement or their duties and responsibilities are adjusted (as necessary) with the prior agreement of line manager. **Culture and diversity**

- Sticky Fingers Pre-school recognises that different cultures respond to death in significantly different ways.
- Line managers will check whether the employee's religion or culture requires them to observe any particular practices or make special arrangements which would necessitate them being off work at a particular time. Employees should not assume that their line manager is aware of any such requirements and should draw this to their line manager's attention as soon as possible.
- Line managers who are unsure of how to respond to a bereaved employee from a different culture should ask the bereaved employee or someone else from their cultural group about what is appropriate.

Health and safety

- Bereavement can have an impact on concentration, sleep, and decision-making. The health and safety assessment of the workplace will include consideration of the impact of bereavement on employees, their duties and responsibilities, and the context in which they are working.
- Any employee who is concerned about their ability to conduct their duties safely in the weeks following a bereavement must discuss this with their line manager.
- Sticky Fingers Pre-school reserves the right to request an employee to meet their own doctor before resuming full duties.

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Return to work

- In certain circumstances a full return to work may not be possible for an employee following the death of an immediate relative – for example, when the employee's grief is likely to impact on their ability to perform their role, or where new child care arrangements have to be sourced or responsibility for the care of an elderly parent has transferred to the employee.
- In such instances Sticky Fingers Pre-school will allow a phased return to work on a part-time or reduced hours basis where practicable. Alternative duties may also be considered. Any such arrangement would need to be agreed in advance by the line manager, would be subject to an agreed maximum number of days and would be managed in line with Sticky Fingers Pre-school flexible working/part-time working policy.

Review Date: October 2025

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Manager on behalf of Sticky Fingers: