



# newsletter

Summer Newsletter – June and July 2017



**“Together we make a family!”**



Follow us on Twitter, Instagram and like us on Facebook!

Three great ways for you to keep up to date with all the latest news from the KingsWellies gang!

**What have the Wellie's Gang been up to this summer so far? We have had SUCH a VERY busy time recently! We can hardly keep up!**

**Yoga, football training, Kid's Rock, Daily Mile, visits to KingsWells Primary School playground, Visit from Stagecoach and a “hurl” in a double-decker bus, visits to Dobbies, practicing for Sports Day, planting our hanging baskets and hanging our bunting, a visit from the Critter Keeper, flower arranging with Kate (for British Flowers Week), being kind to each other, visits to the library, supermarket shopping and LOTS MORE .....**



We are trying to complete our “Daily Mile” challenge by walking LOTS during the day. Rob and Alistair (our Prime Four Ambassadors) have been exploring the new landscaped area with us in the Northern Park. We can’t wait to hunt for mini-beasts, have teddy bear picnics, practice our sports, play team games and investigate the plants and flowers!



### **P1 MAGIC Graduation Party – BEST of luck to our boys and girls who will be leaving us to go to P1**

This year we have 22 very grown up boys and girls who will be leaving us at the end of the Summer (or before) to start the next exciting part of their lives in P1!

As a special treat, our “2017 leavers” held a Magic Graduation Party and invited mums and dads along too. The boys and girls LOVED Magician Dreen who had us flabbergasted with all of his AMAZING tricks! They also made us FILL with pride when they walked up the red carpet to receive their graduation certificate and goodie bag! They looked so grown up in their hand-made hats and sashes! They finished off the evening with lots of hilarious photos in our photo booth. A great time was had by all! MANY thanks also to Meina’s grandma for our DELICIOUS graduation cake!



VERY well done everyone. We will REALLY miss you soooo very much but know that you are all ready for P1 and that each and every one of you will go far! Keep in touch!



### Staffing Update

A huge welcome to Chloe and Carli who have recently joined the team. Chloe had previously been with us to cover holidays but we are now delighted to welcome her as a full time Trainee Practitioner. Belle, Amy, Kacey, Ellis, Eve and Ellie will also be working with us over the school summer holidays. They will be covering staff holidays. Staff photos are up on our staff "shout out" board in the foyer.

Good luck also to Niamh who has left us to start college.



**Belle**



**Amy**



**Kacey**



**Ellis**



**Carli**



**Chloe**



### **Ready to Read**

Encouraging children to develop language skills, read and enjoy books at an early age is vital, and the earlier the better. That's the message from Scotland's nursery inspectors at the Care Inspectorate as they back a campaign to improve children's early language skills. You can find further useful information at the link below:

<http://www.careinspectorate.com/images/documents/3662/Ready%20to%20read%20booklet%20low%20res.pdf>



## Congratulations

HUGE congratulations go to Holly, Paul and Kayleigh who recently attended the Aberlour Futures Celebration of Achievement event. They all worked extremely hard to achieve their SVQ3 in Childhood Practice. Great work! We are very proud of you all!



## Life Skills Awards

**This Summer in the Wellie Beans, we will be focusing on the following:**

**Pink Award:** I have role played a “real life” situation, I have visited places in the community, I can take photos and images to show the world around me, I can be kind to my friends

**Red Award:** I have role played a work situation, I can find information from pictures, I can describe interesting features in my local community, I can take photos or record sounds and images to show the world around me, I can be kind to others around me

**Please help us be reinforcing these at home too! This is very important as we move on up to P1 and in to our pre-school year.**



**During the Summer, we will be focusing on a variety of topics in our playrooms. These will include:**

- Pirates
- Camping and dens
- Under the Moon
- Fairies, wizards and all things mystical and magical
- Animals
- Fairy tales
- Summer and places to visit
- Minibeasts and lifecycles
- Cultures of the world – **PLEASE come in to talk to us about your childhood memories, your culture, your traditions, your beliefs or your celebrations. We really want to learn more about cultures around the world.**
- **KINDNESS – Are you a bucket filler or a bucket dipper? Can you fill our Kindness Tree with blossom hearts? PLEASE look out for our Kindness book bags coming home. Please read these stories to your children as bedtime stories. We are working really hard to engender an ethos of kindness, respect and care at KingsWellies. We can only do it with your support too! Thank you.**
- LOTS of Reflection Time in our interest groups; talking about our learning and what we would like to learn with our key workers
- July 10<sup>th</sup> – International Teddy Bear's Picnic Day! Bring your teddy bears all week for fun and frolics!
- July 13<sup>th</sup> – Balance Bikers training sessions. Great fun over at the forecourt!
- July 14<sup>th</sup> – Pre-school (Wellie Beans) sports day from 10am – 11am. WEATHER PERMITTING! Please come along and spectate. Apologies that last week was rained off!
- July 20<sup>th</sup> – International moon day
- July 24<sup>th</sup> – Ice cream day. Making our own delicious ice cream sundaes!
- July 26<sup>th</sup> – UK uncle and aunt day
- July 30<sup>th</sup> – International day of friendship
- August 2<sup>nd</sup> – UK play day
- August 3<sup>rd</sup> – National watermelon day. We will be tasting LOTS of exotic fruits and vegetables
- 4<sup>th</sup> August – Interactive art session with Carla Brown (Antonia and Grayson's mummy). Thanks Carla – we are excited!
- August 6<sup>th</sup> – National sisters and brothers day
- August 7<sup>th</sup> – National Lighthouse Day. We will be construction our own lighthouses!
- August 19<sup>th</sup> – World Photo day. Photo booth, selfies and lots of technologies!

- Literacy, Numeracy and Health and Wellbeing – **LOTS of exciting learning opportunities. Have you seen our home-link activities in reception? Please help yourself. Look out also for our “sound” and “number bags which will be coming home soon too.**

### **Butterflies, Stick Insects, Frogs – what a menagerie!**

We have really enjoyed learning about the life cycles of stick insects, tadpole to frog and caterpillar to butterfly. Our stick insects continue to grow and we were delighted to release our frogs and butterflies in to the wild recently.

Would you like to grow your own stick insects? Eggs and instructions available from Scott!





### Rumpole and Ziggy continue their adventures

What lucky mutts these two are! Look what they have been up to during the weekends with all of their nursery friends .....

They will also be starting their Therapets visits soon and hope to go to the hospital for fortnightly visits to cheer some of the patients up. Well done boys!



### Aberdeen City Council Funding, New Bank Account Details and Late Fees

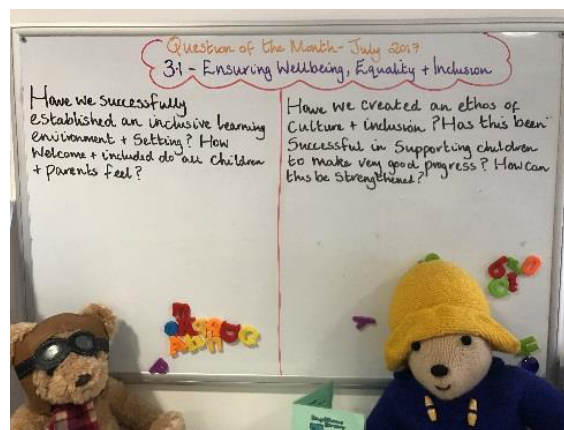
There are still a number of parents who are yet to complete their ACC Funding forms for children aged three years and over. PLEASE complete these asap or you will not be entitled to receive Government funding for your pre-school child. Thank you.

As you are aware, we have had to open a new bank account. Our new details can be found at the bottom of all July invoices. Apologies again for any inconvenience caused.

Please ensure that ALL fees are paid by the 6<sup>th</sup> of each month at the latest. Many thanks.

### Parental Consultation – Question of the month July 2017

Each month we strive to self-evaluate our practice because we want to be a better nursery. We also need our parents to give us feedback. Our July question of the month comes from How Good Is Our Early Learning and Childcare and focuses on Quality Indicator 3.1. Please give us your comments about how well we ensure wellbeing, equality and inclusion within KingsWellies. Your feedback means a lot to us.



### KingsWellies Policies of the Month

This month we would like to provide you with the opportunity to review and consult on **our Rights of the Child Policy and our Infection Control, Sickness and Illness and Immunisation Policies**. It is **EXTREMELY important** that these Policies are adhered to by parents and staff as we must ensure that a safe, healthy environment is maintained within our nursery. I can reassure you that staff will **NOT** send children home who are fit and healthy!

We hope that you find this information useful. Please give us your feedback and suggestions with regards to these important documents.



### **Aberdeen Baby Massage and Yoga**

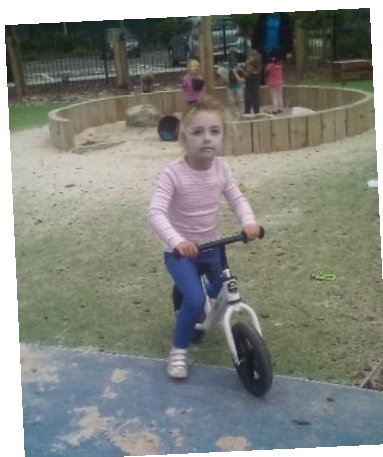
Please contact Julie on [iam-jules@therapist.net](mailto:iam-jules@therapist.net) if you would like to find out more about participating in baby massage and yoga sessions. We also have leaflets available in reception.

### **Balance Bikers**

We are delighted to welcome "Balance Bikers" to work with our children this Summer. They specialise in balance bike classes and pedal bike transition. If you would like to learn more or to book your own classes, please contact them on

[Balancebikers@outlook.com](mailto:Balancebikers@outlook.com)

You can also find them on Facebook.



### **Comments, Compliments and Concerns**

Please give us your feedback – good and bad. It means a lot to us! We only want to keep improving in order to provide the BEST service possible. PLEASE make us your first port of call if you have any comments or concerns. If we work together, we will be able to achieve the very best for all of our children. Many thanks.

We also have Compliments slips available in reception in relation to our staff. The staff work very hard and we all know that it is nice to hear a compliment from time to time. Many thanks to those parents who have already paid staff members a compliment. We are always looking for Workers of the Week and Workers of the Month.

*If you would like this newsletter or any other documentation from nursery translated in to another language or an alternate reading format, please do not hesitate to contact us.*

# The Rights of the Child Policy

<b>Published</b>	October 2014(V1)
<b>Reviewed</b>	March 2016 (V2)
<b>Revised</b>	Session 2017/18





## **The Rights of the Child Policy**

### **Rationale**

KingsWellies Nursery will operate according to the UN Convention on the Rights of the Child.

KingsWellies Nursery believes that every child should be treated as an individual and all children should be treated with equal respect regardless of their personal or family circumstances.

We also believe that all children are independent thinkers and have a right to have their thoughts and opinions heard. Children will be encouraged to express their personal choices as to how they want to learn. This will be achieved through the regular use of floor books, brain storming, big book planning, topic planning, group discussions, learning logs, learning journeys, child feedback, choice, free and structured play.

### **Rights Respecting Nursery – Across the Curriculum**

As a Unicef Rights Respecting Nursery, we promote and foster a learning environment where everyone has specific rights and responsibilities in line with the United Nations Convention on the Rights of the Child, 1991.

#### **Throughout KingsWellies Nursery, children have a right to:**

- Article 12 – Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.
- Article 13 – Children have the right to get and to share information, as long as the information is not damaging to them or to others.
- Article 14 – Children have the right to think and believe what they want, and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.
- Article 15 – Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.
- Article 23- Children who have any kind of disability should have special care and support, so that they can lead full and independent lives.
- Article 24 – Children have the right to good quality health care, to clean water, nutritious food, and a clean environment, so that they will stay healthy. Rich countries should help poorer countries achieve this.
- Article 28 – All children have a right to a nursery and primary education, which should be free. Wealthy countries should help poorer countries achieve this. Discipline in schools should respect children's human dignity. Young people should be encouraged to reach the highest level of education they are capable of.
- Article 29 – Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.
- Article 30 – Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.
- Article 31 – All children have a right to relax and play, and to join in a wide range of activities. All children have the right to explain their own personal choices in how they learn and in the childcare provided to them.

Throughout all learning and teaching experiences, everyone within the KingsWellies Nursery community considers their responsibilities, in particular to respect the rights of others including children, staff, parents and the wider community.

At KingsWellies Nursery we are committed to the promotion of Rights Responsibilities for all.

## **Our Aims in Providing Quality of Experience and Choice for all Children**

1. KingsWellies children can experience and choose from programmes and day-to-day activities that are planned, designed, evaluated and put into practice by staff, taking into account national and local guidelines.
2. KingsWellies children will be able to enjoy the activities and be motivated by them. The activities will be flexible and take account of ages, development needs, interests and hours and patterns of attendance of each child.
3. Staff will provide activities which will allow the children to enjoy choice in both organised and free play and leisure and recreation, including quiet time.
4. KingsWellies children will have opportunities to express their views, exercise choice and, where possible, influence the programmes of work.
5. KingsWellies children will be able to interact with others or play or work individually.
6. The progress in children's development will be regularly monitored by staff, who will use this information to improve the programme and the service being provided to the children.
7. KingsWellies children will have the choice to use equipment and materials, including multi-cultural materials, which are effectively organised by staff and used to support key aspects of children's development and learning.
8. KingsWellies children's interests are encouraged through displays that are attractively presented and include a variety of examples made by them. Staff change the material regularly.
9. KingsWellies children find their quality of experience enhanced by the effective use made of skills and ideas from staff, parents and carers, the children and from visitors.
10. KingsWellies children benefit from the use that staff make of a range of outside resources and information and communication technology.
11. Parents and carers and children are encouraged to make full contribution to the life and work of the nursery.
12. The Nursery Director and senior staff will effectively monitor the quality of work of each member of staff and the service as a whole.



# UN Convention on the Rights of the Child

## In Child Friendly Language



"Rights" are things every child should have or be able to do. All children have the same rights. These rights are listed in the UN Convention on the Rights of the Child. Almost every country has agreed to these rights. All the rights are connected to each other, and all are equally important. Sometimes, we have to think about rights in terms of what is the best for children in a situation, and what is critical to life and protection from harm. As you grow, you have more responsibility to make choices and exercise your rights.

### Article 1

Everyone under 18 has these rights.

### Article 2

All children have these rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, whether they are a boy or girl, what their culture is, whether they have a disability, whether they are rich or poor. No child should be treated unfairly on any basis.

### Article 3

All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

### Article 4

The government has a responsibility to make sure your rights are protected. They must help your family to protect your rights and create an environment where you can grow and reach your potential.

### Article 5

Your family has the responsibility to help you learn to exercise your rights, and to ensure that your rights are protected.

### Article 6

You have the right to be alive.

### Article 7

You have the right to a name and this should be officially recognized by the government. You have the right to a nationality (to belong to a country).

### Article 8

You have the right to an identity – an official record of who you are. No one should take this away from you.

### Article 9

You have the right to live with your parent(s), unless it is bad for you. You have the right to live with a family who cares for you.

### Article 10

If you live in a different country than your parents did, you have the right to be together in the same place.

### Article 11

You have the right to be protected from kidnapping.

### Article 12

You have the right to give your opinion, and for adults to listen and take it seriously.

### Article 13

You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

### Article 14

You have the right to choose your own religion and beliefs. Your parents should help you decide what is right and wrong, and what is best for you.

### Article 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

### Article 16

You have the right to privacy.

### Article 17

You have the right to get information that is important to your well-being, from radio, news, paper, books, computers and other sources. Adults should make sure that the information you are getting is not harmful, and help you find and understand the information you need.

### Article 18

You have the right to be raised by your parent(s) if possible.

### Article 19

You have the right to be protected from being hurt and mistreated, in body or mind.

### Article 20

You have the right to special care and help if you cannot live with your parents.

### Article 21

You have the right to care and protection if you are adopted or in foster care.

### Article 22

You have the right to special protection and help if you are a refugee (if you have been forced to leave your home and live in another country), as well as all the rights in this Convention.

### Article 23

You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

### Article 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

### Article 25

If you live in care or in other situations away from home, you have the right to have these living arrangements looked at regularly to see if they are the most appropriate.

### Article 26

You have the right to help from the government if you are poor or in need.

### Article 27

You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

### Article 28

You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

### Article 29

Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

### Article 30

You have the right to practice your own culture, language and religion – or any you choose. Minority and indigenous groups need special protection of this right.

### Article 31

You have the right to play and rest.

### Article 32

You have the right to protection from work that harms you, and is bad for your health and education. If you work, you have the right to be safe and paid fairly.

### Article 33

You have the right to protection from harmful drugs and from the drug trade.

### Article 34

You have the right to be free from sexual abuse. Article 35 No one is allowed to kidnap or sell you.

### Article 36

You have the right to protection from any kind of exploitation (being taken advantage of).

### Article 37

No one is allowed to punish you in a cruel or harmful way.

### Article 38

You have the right to protection and freedom from war. Children under 15 cannot be forced to go into the army or take part in war.

### Article 39

You have the right to help if you've been hurt, neglected or badly treated.



unicef



Canadian  
Heritage

Patrimoine  
canadien



# **Infection Control, Sickness and Illness & Immunisation Policies**

<b>Published</b>	October 2014 (V1)
<b>Revised</b>	Annually





## **Infection Control Policy**

### **Purpose of Policy**

This policy is designed to ensure that a safe, healthy environment is maintained at KingsWellies Nursery. The nursery recognises that infections can spread quickly amongst children in childcare environments therefore we will endeavour to ensure that infections are controlled and good health and hygiene practices are maintained at all times.

KingsWellies Nursery has a duty to protect the health, safety and welfare of all users and employees as well as a duty of care. In addition to this, the prevention and control of infection is essential in helping to establish a safe and secure environment in which children can learn and develop through play.

### **Who is Responsible?**

It is the responsibility of the Nursery Director to ensure that any children, parents and members of staff who have a contagious illness are excluded from the nursery for the recommended period of time.

The Nursery Director has a responsibility to inform parents and carers when their child enters the setting with a contagious illness. The Nursery Director must also inform all parents if more than 10% of the children attending the setting have a contagious illness.

All members of staff have a responsibility to ensure that any children who arrive at the setting unwell are adequately cared for. The child's parent / carer must speak to management / senior staff before a decision is made with regards whether the child should remain at nursery or go home.

All members of staff have a responsibility to ensure that they do not attend the nursery session if they have an infectious illness. This will assist KingsWellies Nursery in preventing the spread of any infectious illness.

### **How the Policy will be implemented**

KingsWellies Nursery aims to prevent the spread of infectious illnesses and infections by adhering to the following procedures:

- Excluding children with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion guidelines for further information on this)
- Excluding all members of staff with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).
- Identifying signs of illness in children and staff whilst they are in the setting
- Informing parents / carers of sick children that their children are ill and arranging for them to be collected at the earliest opportunity.
- Limiting the contact of sick children with other children until they can be collected from the setting, taking into account the sensitivity of the situation and that the child does not feel victimised as a result of any action taken.
- Preventing the spread of infection by adhering to the Nursery's Health and Safety Policy, Personal Hygiene Policy and Food Safety Policy.
- Reporting incidences of certain infections to other parents and members of staff whilst maintaining the anonymity of all children and members of staff involved.

**The following are the types of infections that would be reported to parents and members of staff:**

- Head Lice
- Measles
- Chicken Pox
- Mumps
- Meningitis
- Whooping Cough

Staff will highlight the importance to parents, that if their children have not been immunised then they will be in a high risk category if an infectious illness presents itself in the setting. Parents have the right to choose whether or not they will send their child to the setting. This is particularly relevant in cases of:

- Measles
- Mumps
- Rubella
- Whooping Cough

Monitoring of children and members of staff where there has been exclusion for signs of the same illness will be ongoing.

All cases of infectious illnesses are recorded in an illness form and are signed by the child's parent or carer on collection of the child.

Members of staff who become unwell during working hours will immediately be sent home and a relief member of staff called in to ensure ratios of staff and children are maintained.

### **Dealing with Children who become Unwell**

In accordance with Nursery registration guidelines, children will not be admitted into the setting if they are showing signs of any ailment that could be contagious or could affect the Nursery's ability to care for the child and the other children in attendance. Similarly, any member of staff who attends work showing signs of any ailment that could affect their ability to carry out their duties, will be sent home and a replacement member of staff called in to cover the minimum child to adult ratios.

Children who become unwell during the course of the session will be made comfortable and will be cared for by a member of staff until their parent or carer can collect them. The dignity of the child will remain paramount and the child will be treated very sensitively, but the setting will put measures in place to ensure that the risk of the illness spreading is minimised.

In instances where any medication is administered as a form of treatment, such medication will be administered in accordance with the administration of medication policy and will only be administered with the express permission of the child's parent. Any and all administration of medication will be recorded on the medicine administration form.

Where the parent or carer cannot be contacted, the Nursery will contact the child's emergency contact (details provided on the registration form). The person collecting the child will be asked to sign any records, for example, illness form and administration of medication form.



## Exclusion Guidelines

In cases where a child, parent or member of staff is known to have contracted a contagious illness or infection that could affect other children or staff, the nursery will implement the following exclusion guidelines:

- Any child who has an illness that results in a greater need for care than members of staff can provide and who may be placing other children at risk, will be excluded until such time as treatment has been received and the child is feeling better.
- Any member of staff who has an illness that affects their ability to carry out their duties and who may be placing children or other members of staff at risk, will be excluded until such time as treatment has been received and they are feeling better.
- Any child or member of staff showing signs of fever, lethargy, or difficulty breathing or any other manifestations of severe illness, will be excluded until such time as a diagnosis has been made and treatment received and they are feeling better.
- Gastric upset: exclusion for 48 hours after last attack of vomiting or diarrhoea.
- **The exclusion period for all other Infections / Viruses will be as recommended by NHS and HPN within the “Exclusion Criteria for Childcare and Childminding Settings.” These Exclusion Criteria are displayed throughout the nursery and are sent home with all Nursery Induction Packs.**

All infectious illnesses must be reported to the Nursery Director who will advise of any exclusion period and make the decision to inform other parents and staff members.

## Minimise Sources of Contamination

- We will ensure all nursery staff have Food Hygiene Certificates or other training in food handling.
- We store food that requires refrigeration, covered and dated within a refrigerator, at a temperature of 5°C or below.
- We wash hands before and after handling food.
- We clean and disinfect all food storage and preparation areas.
- Food is bought from reputable sources and used by recommended date.

### **To Control the Spread of Infection**

- We ensure good hand washing procedures (toilet, handling animals, soil, food)
- Children are encouraged to blow and wipe their own noses when necessary and to dispose of the soiled tissues hygienically.
- Ensure different cloths and towels are kept for different areas.
- We cover all cuts and open sores.
- We wear protective clothing when dealing with accidents. (e.g. gloves and apron)
- A protocol is in place that is followed regarding contact with blood and bodily fluids.
  - Gloves and apron worn
  - Soiled articles sealed in a plastic bag.
  - Staff aware of procedures for the prevention of HIV infection.

### **To Raise Awareness of Hygiene Procedures**

- Inform all attending adults of the existing policy and procedures
- Insure that student induction includes this information.
- Provide visual instructions where possible for ease of understanding.

### **To Prevent Cross – Contamination**

- Ensure that adults and children have separate toilet facilities.

### **To Prevent the Persistence and Further Spread of Infection**

- Ensure that dedicated sinks are clearly marked.
- Be vigilant as to signs of infection persisting or recurring
- Ask parents to keep their child at home if they have an infection, and to inform the nursery as to the nature of the infection.
- Remind parents not to bring a child to nursery who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.

### **Management of Clinical waste**

All clinical waste will be disposed of in an efficient and professional manner, thus reducing waste to landfill sites. We will work in partnership with a local clinical waste disposal company to ensure the best and most effective service.

Although not hazardous, nappies' (in large quantities) can be offensive and cause handling problems, therefore the waste will be removed and transported in appropriate containers and taken back to the trust base for appropriate disposal by Sanitary Hygiene Services.



## **Protect Your Business from E. coli O157**

### **E.coli O157 Fact Sheet - ACC Version 9. 12-09-12**

Bacteria, such as E. coli O157 may cause serious illness or death. They may enter your food business on raw meat, or fruits and vegetables which have been in contact with the soil. They are invisible to the naked eye, so they can easily spread to other foods without you realising.

This is known as cross contamination and is one of the most common causes of food poisoning. It happens when harmful bacteria are spread onto ready-to-eat food from other foods, surfaces, hands or equipment.

If your business handles food which could be contaminated with E. coli O157 in the same establishment as ready-to-eat food, there will be greater risk. Raw meat, fruit and vegetables which have been in contact with the soil, and are not supplied as ready-to-eat, must be handled as if they are contaminated by E. coli O157. This includes potatoes, carrots, onions, leeks, swede, parsnips, cabbage, marrows, squashes, radishes, spring onions, lettuce, celery, parsley (and other fresh herbs), fennel, artichoke, cucumber, mushrooms, melons, strawberries. This is, however, not an exhaustive list.

This factsheet highlights the strict measures that are necessary to control E. coli O157. Local authority enforcement officers will consider these measures as part of their inspections.

#### **Note: The key control measures involve:**

- separation of raw and ready-to-eat foods by separation of work areas, equipment,
- packaging and cleaning products
- effective cleaning and disinfection of contaminated items
- personal hygiene and handling practices (including hand washing technique).

If ready-to-eat foods are exposed to the risk of E. coli O157 contamination, enforcement officers will take appropriate action to protect customers. Depending on the situation, the officer may impose one or more of the following control measures;

- the prohibition of certain activities
- immediate cleaning and disinfection of surfaces, equipment and utensils
- quarantine, rework, disposal or seizure of food
- modification of food preparation activities
- retrieval of customer's meals or product withdrawal or recall

#### **Always Separate**

The best way to prevent E. coli contamination is to ensure separate work areas, surfaces, and equipment for raw and ready-to-eat foods as follows:

**Work areas:** Provide separate working areas ('clean' areas) for the preparation of ready-to-eat food where raw meat or unwashed fruit/vegetables are forbidden. Ideally separate staff should be allocated to such areas but this may not be practical in which case staff should be provided with clean protective clothing for work in the 'clean' area, or the ready-to-eat food preparation should be carried out at the start of the working day/shift.

**Storage:** Use separate storage and display facilities, including refrigerators and freezers for raw and ready-to-eat foods. Where separate units are not provided, the ready-to-eat areas should be sufficiently separated and clearly identifiable. A colour coded shelf system (with corresponding guide) labels or a refrigerator diagram may assist. Whilst items such as tomatoes, peppers, marrows and strawberries may have surface contamination and are not considered 'clean' until peeled and/or washed, the risk is considered lower and they should be stored away from more likely contaminated items such as dirty root vegetables like carrots and potatoes etc. and raw meat, but also away from ready-to-eat foods such as cooked meats and desserts.

**Equipment:** Use separate machinery and equipment, such as vacuum packing machines, slicers and mincers, for raw and ready-to-eat foods. Where this equipment is used for ready-to-eat food, it should be kept in the designated clean area.

**Utensils:** Separate dedicated chopping boards, equipment and utensils must be used for raw and ready-to-eat foods. These should be easily identifiable, e.g. colour coded with corresponding chart or suitably marked.

**Packaging:** Packaging materials for ready-to-eat foods should be stored in a designated clean area and the outside surfaces of any wrapping materials for ready to-eat food brought into a clean area must be free from contamination. Items such as cling-film used for ready-to-eat foods must be kept separate from materials used for raw meats or potentially contaminated fruits and vegetables which have not been washed.

**Hand Contact Surfaces/Items:** Cash registers, weighing scales and other equipment which staff are required to touch should not be shared by staff handling ready-to-eat food and staff working in other areas. You should provide separate equipment for use with raw food and ready-to-eat foods. A single piece of such equipment may be used if appropriate measures are taken to prevent the spread of bacteria, e.g. if a cash register is kept outside the clean area, staff from the clean area must wash their hands after using it or before returning to the clean area.

**Cleaning products:** Separate cleaning materials, ideally colour coded, including cloths, sponges and mops should be used in the designated clean area. Use disposable, single-use cloths wherever possible.

### **Clean and Disinfect**

Effective cleaning and disinfection destroys bacteria and stops them spreading to food. There are two suitable ways to disinfect contaminated areas or items:

1. **Chemical Disinfection of sinks and work surfaces** - Where you have no choice but to use a work surface or sink for raw and ready-to-eat food, these must be effectively cleaned and disinfected between tasks. This involves carrying out a 'two-stage cleaning process' as follows:

**1st Stage** - clean surfaces with an appropriate 'food safe' cleaning product which removes grease, visible dirt, food particles and debris, and rinse to remove any residue.

**2nd Stage** – disinfect using a 'food safe' product which meets the standard of **BS EN 1276:1997, or BS EN 13697:2001**. Ensure you follow the manufacturer's instructions in relation to the correct dilution and contact time for the chemical to be effective in killing bacteria and thereafter rinse with drinking water, if required.

**Note:** If you use a single sanitiser designed to clean and disinfect at the same time you will have to carry out the same two stage cleaning process with that product.

2. **Heat Disinfection of Equipment and Utensils** - Food containers, chopping boards, knives and other equipment and utensils will always require disinfection by heat after use if they are to be subsequently used for ready-to eat food preparation. Heat is one of the best ways of killing bacteria, but the temperature and contact time must be sufficient to destroy harmful bacteria.

A commercial dishwasher can be used to wash raw food equipment alongside items which will be used for ready-to-eat foods (Otherwise separate cleaning processes for the raw food equipment and the ready-to-eat equipment will be necessary).

**Note:** Dishwashers must be thoroughly cleaned (including jets and filters) at suitable frequencies, it must be in good working order, fit for purpose and the appropriate setting must be used.

**Cloths** - The safest way of cleaning is to use single-use, disposable paper towels. If, however, re-useable cloths are used, you must have separate, clearly identifiable cloths for clean areas, .e.g. a colour coded system. Without such a system, cloths must be single use only. All re-useable cloths must be washed and disinfected to remove grease, visible dirt and food particles. This should be achieved by using an appropriate cleaning agent and subsequently boiling them, or washing them on a hot cycle at 82°C or above. They must then be suitably dried.

### **Handle Food Hygienically**

It is vital for staff to follow good food handling and personal hygiene practices to help prevent harmful bacteria spreading to ready-to-eat food by cross-contamination.

### **Food Preparation**

Additional care should be taken when handling foods such as carrots, onions, and cabbage if they are to be eaten as a ready-to-eat food (without cooking). For example, grated carrot used in a side salad or as a constituent of coleslaw. The surface layer of carrots may have numerous cracks and crevasses which could harbour E. coli O157. They must be washed to remove contaminants, then peeled and rinsed before grating. Thereafter strict separation control is required between these prepared foods and raw foods to ensure they are not exposed to a risk of contamination from any unwashed/unprepared root vegetables or raw meat.

Some fruit and vegetables such as unwashed/unprepared tomatoes, grapes, apples, pears, raspberries and blackcurrants are less likely to have been in contact with the soil and will therefore be less likely to be contaminated with E. coli O157. Less stringent washing of these types of food is acceptable although care is required to prevent contamination prior to consumption.

### **Handwashing**

Effective handwashing using a recognised technique, E.g. from the Department of Health or the NHS, is always required prior to handling ready-to-eat foods in order to control cross-contamination. It must also occur after: going to the toilet, handling any food that may be a potential source of E. coli O157, hand contact with equipment or other surfaces that may have been in contact with raw foods, handling waste, eating and cleaning.

The use of non-hand-operable taps is strongly advised, but if they are not available, taps should be turned off using a paper towel. A non-hand-operable mixer tap is convenient for providing water at the desired 45°C for effective handwashing.

Soap must always be available and should be in liquid form from a dispenser. Soaps which conform to BS EN 1499:1997 are recommended.

Single use towels from a dispenser are considered best for drying hands hygienically. They should be disposed of in a manner which does not cause recontamination of the hands, e.g. in a foot pedal operated bin.

**Note:** Anti-bacterial hand gels should not be used instead of thorough handwashing, but only as an additional measure after handwashing. A range of **free online training videos** including correct handwashing technique are available to view at <http://www.food.gov.uk/business-industry/caterers/hygiene-videos>

### **Handling Food - Safety Tips:**

Keep hands clean to prevent contamination.

Minimising direct contact with food will reduce the risk of harmful bacteria spreading. Handle food with regularly cleaned and disinfected tongs and other utensils.



Wear clean protective clothing. Frequently change contaminated outer protective clothing (e.g. aprons and gloves) and wash hands thoroughly before putting on clean clothing and entering a clean area used for handling and storing ready-to-eat foods.

Use disposable gloves but change them between tasks, as well as at every break and when they become damaged. Wash hands thoroughly before putting gloves on and after taking them off.

If it's not possible to have separate preparation areas for raw and ready to eat foods, use 'time separation' as a control i.e. handle/prepare all raw meats or unprepared vegetables at a specific time separate from ready-to-eat preparation (with disinfection of areas and equipment afterwards).

For more information on good food hygiene please refer to the food hygiene information pack at [www.food.gov.uk/goodbusiness](http://www.food.gov.uk/goodbusiness). Alternatively, contact your local council Environmental Health Service.

## **Sickness and Illness Policy**

At KingsWellies Nursery we promote the good health of all children attending. To help keep children healthy and minimise infection, we do not expect children to attend nursery if they are unwell. If a child is unwell it is in their best interest to be in a home environment with adults they know well rather than at nursery with their peers.

### **Our procedures**

In order to take appropriate action of children become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key worker, wherever possible
- We follow the guidance on Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) given to us by the Infection Control Team Scotland and the exclusion criteria for 'Childcare and Childminding Settings' (Health Protection Scotland) guidance on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox to protect other children in the nursery
- Exclusion Criteria for Childcare and Childminding Settings are displayed around the nursery and are also part of the initial induction pack for all children.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours.
- We notify the Care Inspectorate as soon as possible and in all cases within 14 days of the incident where we have any child or staff member with a notifiable disease such as food poisoning.
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.
- We make information/posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

### **Meningitis procedure**

If a parent informs the nursery that their child has meningitis, the nursery manager will contact the Infection Control (IC) Nurse for their area and the Care Inspectorate. The IC Nurse will give guidance and support in each individual case. If parents do not inform the nursery, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and ensure that the appropriate authority is notified.

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

- If the sickness is severe, a designated member of staff should call for an ambulance immediately whilst still ensuring that the child is continued to be comforted and there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together. DO NOT attempt to transport the sick child in your own vehicle.
- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital.
- The most appropriate member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed immediately.
- The nursery manager/staff member must remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance.
- Staff may also require support following an incident.



## **Immunisation Policy**

At KingsWellies Nursery we expect that children are vaccinated in accordance with the government's health policy and their age. We ask that parents inform us if their children are not vaccinated so that we can manage any risks to their own child or other children/staff/parents in the best way possible. The nursery manager must be aware of any children who are not vaccinated within the nursery in accordance with their age.

We make all parents aware that some children may not be vaccinated in the nursery, due to their age, medical reasons or parental choice. Our nursery does not discriminate against children who have not received their immunisations and will not disclose individual details to other parents. However, we will share the risks of infection if children have not had immunisations and ask parents to sign a disclaimer.

### **Staff vaccinations policy**

It is the responsibility of all staff to ensure they keep up to date with their vaccinations for:

- Tetanus
- Tuberculosis
- Rubella
- Hepatitis
- Polio

and keep the nursery informed.

If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse for their own good health.

### **Emergency information**

We keep emergency information for every child and update it every six months with regular reminders to parents in newsletters, at parents' evenings, through email, twitter and facebook and a reminder notice on the Parent Information Board.



# Exclusion Criteria for Childcare and Childminding Settings

## Recommended time to be kept away from daycare and childminding

### Main points

- Any child who is unwell should not attend, regardless of whether they have a confirmed infection.
- Children with diarrhoea and/or vomiting should be excluded until they have had no symptoms for 48 hours after an episode of diarrhoea and/or vomiting.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the local Health Protection Team should be contacted.

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and childminding settings) <http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=47103>

Information on current immunisation schedule for children can be found at <http://www.immunisationscotland.org.uk/index.aspx>

If you have any questions please contact your local Health Protection Team (HPT)

Name: .....

Telephone Number: .....

Infection/Virus	Exclusion period	Comments
<b>DIARRHOEA AND VOMITING ILLNESS</b>		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: • young children; • those who may find hygiene practices difficult to adhere to; • those who prepare or handle food for others. Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
<b>Common Infections</b>		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Nursery
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
<b>Less common infections</b>		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli O157	Your local HPT will advise.	
Shigella (Bacillary Dysentery)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
<b>RESPIRATORY INFECTIONS</b>		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
<b>RASHES/SKIN</b>		
Athletes foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment; include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.
Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox in those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
<b>OTHER INFECTIONS</b>		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	If unwell.	
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	Your HPT will advise.
Hepatitis B and hepatitis C	None.	Blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action needed.
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea <http://www.who.int/topics/diarrhoea/en/>