



Health and Safety Policy

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Health and Safety Policy

Designated Health and Safety Officer for Potters Houses:

Garden of Eden: Olivia Devine and Niamh Leahy.

Wonderland: Lauren Streeton

Blossom and Bloom: Faith Edwards

Potters House: Abbie Cadman

Aim

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

Objectives

We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.

Insurance is in place (including public liability) and an up-to-date certificate is always displayed.

Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.

Smoking is not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.

Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.

Alcohol must not be bought onto the premises for consumption.

A risk assessment is carried out for each area and the procedure is modified according to needs identified for the specific environment.

Risk assessments are monitored and reviewed by those responsible for health and safety.

Risk assessment

Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors.

Individuals in the workplace are responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' and 'duty of care' to those who work in and receive a service from our provision. Individuals are also responsible for ensuring their own and others safety.

Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures

Access audit is completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.

Risk assessment means: Taking note of aspects of your workplace and activities that that could cause harm, either to yourself or to others, and deciding what needs to be done to prevent that harm, making sure this is adhered to and is updated when necessary.

The law does not require that all risk be eliminated, but that 'reasonable precaution' is taken. This is important when balancing the need for children to take appropriate risks through physically challenging play. Children need opportunities to work out what is not safe and what to do when faced with a risk.

Daily safety sweeps and checks indoors and outdoors.

Safety sweeps are conducted when setting up for the day or closing in the evening. Sometimes a safety sweep will identify a risk that requires a formal risk assessment on form. For example, if a window latch is stiff and an educator has to stand on a chair in order to reach it to ensure it has closed properly.

Health and safety risk assessments

Health and safety risk assessments inform procedures. Staff and parents should be involved in reviewing risk assessments and procedures, as they are the ones with first-hand knowledge as to

whether the control measures are effective, and they can give an informed view to help update procedures accordingly.

The setting manager undertakes training and ensures staff have adequate training in health and safety matters. The setting manager ensures that checks/work to premises are carried out and records are kept.

Gas safety by a Gas Safe registered gas/heating engineer.

Electricity safety by a qualified electrician.

Fire precautions to check that all fire-fighting equipment and alarms are in working order.

Hot air heating systems/air conditioning systems cleaned and checked.

Deep clean is carried out in kitchen.

The setting manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

Entrance and exits.

Outdoor areas.

Passageways, stairways and connecting areas.

Group rooms.

Sleep areas.

Main kitchen.

Staff/parent's room.

Rooms used by others or for other purposes.

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings (including use of public transport), including:

forest school and beach school

home visits

other duties off-site such as attending meetings, banking etc

The setting manager ensures staff members carry out risk assessment for work practice including:

changing babies, and the intimate care of young children and older children

arrivals and departures

preparation of milk and other food/drink for babies

children with allergies and special dietary needs or preferences

serving food in group rooms

cooking activities with children

supervising outdoor play and indoor/outdoor climbing equipment

settling babies/young children to sleep

assessment, use and storage of equipment for disabled children.

visitors bringing equipment or animals for children's learning experiences, for example fire engines.

following any incidents involving threats against staff or volunteers

following any accident or incident involving staff or children

The setting manager liaises with Crime Prevention Officers as appropriate to ensure security arrangements for premises and personnel are appropriate.

Control of Substances Hazardous to Health (COSHH)

Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.

Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.

Hazardous substances are stored safely away from the children.

Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.

Risk assessment is done for all chemicals used in the setting.

Environmental factors are considered when purchasing, using and disposing of chemicals.

All members of staff are vigilant and use chemicals safely.

Bleach is not used in the setting.

Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.

Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.

Members of staff wear rubber gloves when using cleaning chemicals.

Administration of medicine

Management 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, especially a baby/child under two, 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/back up key person, or room senior if the key person is not available. The setting manager should be also be informed.

Please use the Family App to log conversations with parents regarding medicine!

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 if prescribed.

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 on the Family App stating the following information. No medication is given without these details:

full name of child and date of birth

name of medication and strength

who prescribed it (if applicable)

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 separately or clearly labelled in the milk kitchen fridge, or 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. 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 on the Family App under 'Safeguarding'.

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 assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.

Parents contribute to risk assessment. They are shown around the setting, understand routines and activities and discuss any risk factor 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.

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, or other staff member who is fully informed about their needs and medication.

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.

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 a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

Infection control

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time.

Always clean hands thoroughly, and more often than usual where there is an infection outbreak.

Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.

Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

anything that requires resuscitation

admittance to hospital for more than 24 hours

a broken bone or fracture

dislocation of any major joint, such as the shoulder, knee, hip or elbow

any loss of consciousness

severe breathing difficulties, including asphyxia

anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a

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 (04.2a) 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 educator is usually present during the process.

Record keeping

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

a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered

written consent from parents allowing members of staff to administer medication

proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

A healthcare plan.

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

Physiotherapy

Children who require physiotherapy whilst attending the setting should have this carried out by a trained 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

Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.

If an educator 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.

notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA, or may wish to contact them for further advice.

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, 01.1a Generic 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

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 and is also kept in the cook's Food Allergy and Dietary Needs file.

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.

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.

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.

Food safety and nutrition policy

Aim

Our setting is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements

Objectives

We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.

Kitchen procedure is followed for general hygiene and safety in food preparation areas:

We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.

We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:

meat, fish, and protein alternatives

milk and dairy products

cereals and grains

fresh fruit and vegetables.

Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.

Parents share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.

Foods provided by the setting for children have any allergenic ingredients identified on the menus.

Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.

Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

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.

A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.

If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents sign the medication record when they collect their child.**

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 setting manager notifies the owner/trustees/directors 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 setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA) and Ofsted in the event of an outbreak.

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.

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/slucing clothing after changing.

Soiled clothing is rinsed and bagged 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.

Baby mouthing 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.

*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)

**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 as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. 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.

Children's bathrooms/changing areas

Children are provided with baskets/ trays for spare clothing and nappies/pants

Older toddlers have low changing surfaces they can climb on to, or floor surface is used. Staff should not have to lift heavy toddlers on to waist high units.

Changing mats are cleaned and disinfected in baby change areas.

Disposable nappies/trainers are cleared of solid waste and placed in nappy disposal units.

Staff use single use gloves and aprons to change children and wash hands when leaving changing areas. Please note that gloves are not always required for a wet nappy if there is no risk of infection, however, gloves are always available for those staff who choose to wear them for a wet nappy. Gloves are always worn for a 'soiled' nappy.

Staff never turn their backs on or leave a child unattended whilst on a changing mat.

Changing areas or stands are provided for older (disabled) children, if required.

Changing mats are disinfected after each change.

Anti-bacterial spray is not used where residue may have direct contact with skin.

Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.

Natural or mechanical ventilation is used; chemical air fresheners are not used.

All other surfaces are disinfected daily.

Children's toilets and wash basins

Children's toilets are cleaned twice daily using disinfectant cleaning agent for the bowls (inside and out), seat and lid, and whenever visibly soiled.

Toilet flush handles are disinfected daily.

Toilets not in use are checked to ensure the U-bend does not dry out and are flushed every week. Taps not in use are run for several minutes every two to three days to prevent infections such as Legionella.

There is a toilet brush available for children's toilets. This is stored in the cleaning cupboard, along with a separate cleaning cloth.

Cubicle doors and handles (or curtains) are washed weekly.

Children's hand basins are cleaned twice daily and whenever visibly soiled, inside, and out using disinfectant cleaning agent. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.

Mirrors and tiled splash backs are washed daily.

Paper towels are provided.

Bins are provided for disposal of paper towels and are emptied daily.

All bins are lined with plastic bags.

Staff who clean toilets wear rubber gloves.

Staff changing children wear gloves and aprons as appropriate.

Wet or soiled clothing is sluiced, rinsed, and put in a plastic bag for parents to collect.

Floors in children's toilets are washed twice daily.

Spills of body fluids are cleared and mopped using disinfectant.

Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.

Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.

Used water is discarded down the sluice or butler sink.

Butler sinks and sluices are cleaned and disinfected at the end of each day

Staff deployment

Members of staff are deployed to meet the care and learning needs of children and to ensure their safety and well-being at all times.

Two members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy or approved staff member deemed competent and capable with appropriate training,

Only those staff aged 17 or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible.

At least one Paediatric First Aider must be on site at all times when children are present

The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff and always within sight or hearing of staff at all times.

All staff are deployed according to the needs of the setting and the children attending.

In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.

Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.

Staff plan their focus on activities

Staff inform colleagues if they have to leave the room for any reason.

There are generally two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.

The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.

Staff focus their attention on the children at all times whilst having a wider awareness of what is happening around them.

Staff do not spend working time in social conversation with colleagues.

Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.

Sufficient staff are available at story times to engage children.

Key persons spend time with key groups daily; these times are not for focussed activities but for promoting shared times and friendship.

Staff children

Where members of staff have their own children with them at the setting, the age of the child must fall within the stipulated ages of the setting's Ofsted registration.

Where members of staff are likely to be working directly with their own children, this is subject to discussion before commencement with the setting manager.

Where it is agreed that a member of staff's child attends the setting, it is subject to the following:

the child is treated by the parent and all staff as any other child would be

the child will not be in the parent's key group of children

the key person and parent will work towards helping the child to make a comfortable separation from the parent to allow the parent to fully undertake their role as a staff member of the setting

the key person will take responsibility for the child's needs throughout the day, unless the child is sick or severely distressed

time and space are made for the parent to breastfeed during the day, if that is their chosen method of feeding

the situation is reviewed as required, to ensure that the needs of the child are being met, and that the parent is able to fulfil his/her role as a member of staff

If it is the setting manager's child, then their line manager ensures the criteria above is met