Wellbeing, Welfare and Behaviour Policy

Policy Statement

At Snug Nursery Schools, we are committed to promoting the wellbeing, welfare and holistic development of every child in our care. This policy brings together our procedures for health and wellbeing, ensuring a consistent, child-centred approach.

Our practice is underpinned by the principles of:

- Safeguarding and promoting children's physical and emotional wellbeing
- Supporting children's independence, resilience and self-regulation
- Supporting positive behaviour through consistent, developmentally appropriate practice
- Working in close partnership with parents/carers and other professionals
- Ensuring inclusive practice so every child can thrive

This policy applies to all staff, parents/carers, students, visitors and professionals working with or on behalf of Snug Nursery Schools.

1. Promoting Health, Safety and Wellbeing

We actively promote good health and take all reasonable steps to prevent the spread of infection. Parents/carers are asked not to bring children to nursery if they are unwell and to inform us of any health concerns, medication administered at home, or changes to their child's medical needs.

Children who become unwell at nursery will be cared for in a quiet, calm space with their key person where possible, and parents/carers will be asked to collect their child as soon as possible. Children sent home due to illness must remain at home for at least the following day and until symptoms have resolved.

We follow:

- Public Health England (UKHSA) guidance on infection control
- Government guidance on COVID-19 and other communicable diseases
- EYFS safeguarding and welfare requirements

Where required, Ofsted will be notified of significant illnesses or incidents in line with statutory guidance.

2. Sickness, Illness and Exclusion

We recognise that young children may experience frequent minor illnesses, particularly when starting nursery. However, exclusion periods are necessary to protect the health of all children and staff.

We follow specific exclusion guidance for illnesses (see appendix 2) informed by UKHSA guidance.

Antibiotics: Children prescribed antibiotics must remain at home for the first 24 hours to ensure no adverse reaction. The leadership team reserves the right to refuse admission if a child is not well enough to participate fully in nursery life.

Meningitis and serious illness: We follow guidance from infection control professionals and notify relevant authorities as required.

Transport to hospital: In a medical emergency, staff will call an ambulance immediately. A suitable staff member will accompany the child with relevant records and medication, while parents are informed and asked to attend the hospital.

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3. Administration of Medication

We follow strict procedures to ensure the safe administration, storage and recording of all medication.

General Principles

- Parents/carers must inform staff of any medication given at home
- Wherever possible, medication should be administered at home
- We will not administer medication that can reasonably be given outside nursery hours

Prescribed Medication

- Must be in the original container with a clear pharmacy label
- Must be prescribed to the named child and be in date
- Children must have received the medication for at least 24 hours before attending nursery

Short-term medication (e.g. antibiotics): Parents must complete a medication consent form on Ovivio which is signed by staff when medication is administered.

Long-term or emergency medication (e.g. inhalers, EpiPens):

- A detailed care plan is completed and stored on Ovivio
- Relevant staff receive specific training
- Administration is recorded accurately

Non-Prescription Medication

Non-prescription medication is not usually administered. Any exceptions are at the discretion of the manager or leadership team and require parental consent. Medication containing aspirin is never administered.

Refusal of Medication

Children are never forced to take medication. If a child refuses, parents will be informed immediately and asked to attend or collect their child if necessary.

Emergency Situations

In an emergency, trained staff may administer emergency medication where not doing so would cause harm. Parents are informed as soon as possible.

Storage

- All medication is stored securely, out of children's reach and refrigerated if required
- Medication is returned to parents when no longer required

Staff Medication

Staff must be fit to work with children. Any medication that may affect their ability to care for children must be disclosed to the manager. Staff medication is stored securely and out of children's reach.

Invasive and Controlled Medication

- Only trained staff carry out invasive medical procedures
- Controlled drugs are stored securely, administered and recorded in line with legislation

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4. Allergies and Allergic Reactions

We take all allergies and intolerances seriously and aim to minimise risk and prevent reactions wherever possible.

- Allergy information is collected at registration and updated as required
- Medical confirmation is required for diagnosed allergies
- Individual care plans are created and stored on Ovivio
- Allergy information is shared with all relevant staff and the nursery chef

Risk reduction measures include:

- Careful menu planning and substitutions
- Preventing cross-contamination through separate utensils and preparation areas
- Close supervision at mealtimes and colour-coded placemats
- Supporting children's understanding of allergies and food safety

In the event of an allergic reaction:

- Staff act immediately
- Emergency medication is administered if required
- Parents are informed and incidents recorded on Ovivio

All staff are paediatric first aid trained. Additional training is provided for EpiPen usage where needed as children move rooms or needs change.

5. Food, Nutrition and Mealtimes

Food and nutrition are central to children's health, learning and development.

Meals and Drinks

- We provide three meals and two snacks daily
- Only water and milk are offered
- Water is available throughout the day

Menus:

- Are planned by our qualified chefs and reviewed twice yearly
- Meet Early Years Foundation Stage (EYFS) Nutrition Guidance
- Take into account cultural diversity and seasonal foods
- Are formally approved by the Early Start Nutrition Team to confirm they are nutritionally balanced and reflect dietary requirements

Menus are shared with parents via Ovivio and weekly newsletters.

Supporting Babies and Young Children

- Individual routines are followed in partnership with parents
- Breastfeeding is welcomed and supported and a quiet area will be provided when needed
- Expressed breastmilk and formula are prepared and stored safely

Weaning and Introduction to Solids

We work closely with families to support weaning in line with NHS Start for Life guidance.

- Introduction typically from 6 months.
- Gradual introduction of textures and food groups
- Support for baby-led weaning, spoon-feeding or a combination

Children are supported to develop chewing skills, independence and positive relationships with food.

Food Safety and Hygiene

- Staff hold appropriate food hygiene qualifications
- Strict procedures for storage, preparation and temperature checks are in place
- Food is prepared in adherence with guidance on reducing the risk of choking

Allergies and Special Diets

Special dietary requirements are managed through care plans, menu adaptations and clear labelling.

Food from home is not permitted except where medically required and supported by professional documentation.

Mealtime Experience

- Calm, social and inclusive
- Staff eat with children and role-model positive behaviours
- Children are encouraged to self-serve and develop independence

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6. Toileting and Personal Care

We support children's toileting and personal care needs sensitively, respectfully and in partnership with parents.

- Toilet training is child-led and never rushed
- Readiness is discussed with parents
- Consistent routines are followed between home and nursery

Children are supported to develop independence while receiving appropriate help with hygiene. Accidents are managed calmly and without embarrassment. Intimate care is delivered in line with safeguarding procedures and dignity guidance.

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7. Transitions

Transitions are carefully planned to support children's emotional wellbeing and sense of security.

This includes transitions from home or previous settings and room-to-room transitions within the nursery.

Key features:

- Child-led and flexible
- Planned by the key person, room leader and manager
- Gradual visits at different times of the day
- Small group transitions where possible

Parents are kept fully informed through Ovivio, daily feedback and transition meetings. Transitions are paused if a child becomes distressed.

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8. Emotional Wellbeing and Development

We recognise the lasting impact of experiences such as the COVID-19 pandemic and support children's emotional development through:

- Secure attachments with key persons
- Consistent routines
- Support with emotional regulation
- Individualised approaches to learning and development

Children are encouraged to express their feelings in a safe and supportive environment, with staff modelling empathy and positive behaviour.

8.1 Key Person Approach

In line with the EYFS, every child at Snug Nursery Schools is allocated a Key Person and a Secondary Key Person. The Key Person plays a central role in supporting each child's emotional wellbeing, welfare and development through consistent, responsive care.

A secure relationship with a Key Person helps children feel safe, valued and confident, supporting successful settling, learning and positive relationships.

The Key Person is responsible for:

- Building a secure and trusting relationship with their key children
- Supporting children during settling-in, transitions and times of change
- Responding sensitively to children's emotions, behaviour and communication
- Acting as a secure base from which children can explore and learn
- Taking primary responsibility for care routines within their key group
- Knowing each child's interests, strengths and next steps
- Identifying concerns early and working in partnership with parents, the SENCO and other professionals
- Supporting inclusive practice and adapting care to meet individual needs

Where a child forms a stronger attachment to another practitioner, Key Person arrangements may be reviewed in consultation with parents to best meet the child's emotional needs.

The Key Person:

- Observes and records children's learning, development and wellbeing using the Ovivio app
- Uses observations to inform planning and next steps
- Shares relevant information with colleagues to ensure continuity of care

The Key Person acts as the main point of contact for parents and carers, promoting open communication and ensuring family routines, cultures and individual circumstances are respected.

A Secondary Key Person is identified for each child to ensure continuity of care during staff absence, helping children feel secure at all times. Whilst we promote the attachment of a key person and secondary key person, our teaching team communicate fully with each other to ensure that each child is fully supported should their key person be absent.

Records on Ovivio are kept for a minimum of 24 years.

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9. Promoting Positive behaviour

We believe that children flourish best when they understand expectations and are supported through caring, respectful relationships. Behaviour is understood as communication and is responded to in a developmentally appropriate, non-punitive manner.

Positive behaviour is promoted by:

- Clear, age-appropriate boundaries and routines
- Consistent expectations across the setting
- Staff acting as positive role models
- Praising positive choices, cooperation and effort
- Supporting children to understand and manage emotions
- Teaching empathy, turn-taking and conflict resolution
- Working in partnership with parents
- Making reasonable adjustments for SEND or additional needs
- Repeated behaviour incidents are reviewed by leaders and DSLs to identify safeguarding or SEND patterns

Physical intervention is only used as a last resort to prevent a child from harming themselves or others. Any use of physical intervention is recorded on Ovivio and parents are informed as soon as practicable on the same day.

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10. Partnership with Parents and Professionals

We value strong partnerships with parents/carers and other professionals.

- Information is shared regularly
- Care plans are reviewed and updated
- Parents are encouraged to contribute feedback and ideas

Policy date: March 2026
Next review: March 2027

Appendix 1

Education Inspection Framework (EIF)

Intent – Implementation – Impact Summary

Intent (*why*)

At Snug Nursery Schools, our intent is to ensure that every child is **healthy, safe, emotionally secure and able to flourish**. We recognise that children's wellbeing and welfare are foundational to learning, behaviour, personal development and long-term outcomes.

Our approach is rooted in safeguarding principles and underpinned by a strong understanding of child development. We aim to:

- Promote children's physical, emotional and mental wellbeing
- Promote positive behaviour through clear expectations, consistency and support
- Support independence, resilience, self-regulation and confidence
- Create environments that foster healthy lifestyles and positive relationships
- Identify and respond early to health, emotional or developmental needs
- Work in purposeful partnership with parents and professionals
- Ensure inclusive practice so all children, including those with SEND or medical needs, make strong progress

Leaders set clear expectations and ensure that wellbeing and welfare are prioritised across all aspects of nursery life.

Implementation *(how)*

Our intent is realised through **consistent, skilled and reflective practice**.

- Wellbeing and welfare are embedded in daily routines, care practices and interactions
- Staff demonstrate strong knowledge of child development and safeguarding responsibilities
- Consistent, developmentally appropriate behaviour expectations
- Robust systems are in place for illness, medication, allergies, nutrition, personal care and transitions
- Individual care plans and risk assessments are used effectively and reviewed regularly
- Staff receive ongoing training, supervision and professional development
- Leaders monitor practice closely and ensure policies are implemented consistently
- Children's dignity, voice and emotional needs are prioritised at all times

Mealtimes, personal care routines and transitions are used intentionally to promote learning, communication, independence and emotional regulation.

Parents are well-informed, actively involved and supported through open communication and shared decision-making.

Impact *(what difference it makes)*

As a result of this approach:

- Children feel safe, secure and emotionally supported
- Children are healthy, well-nourished and able to participate fully in nursery life
- Children develop confidence, independence and positive self-care skills
- Children demonstrate positive behaviour, confidence and independence
- Behaviour is calm and positive, underpinned by secure relationships
- Children demonstrate resilience and effective emotional regulation
- Health and welfare risks are identified early and managed effectively
- Children, including those with additional needs, make strong progress from their starting points

Leaders can clearly articulate and evidence the positive impact of wellbeing and welfare practice on children's learning, behaviour and personal development.

This ensures that safeguarding arrangements are **effective**, welfare requirements are **exceeded**, and children are exceptionally well prepared for the next stage in their education.

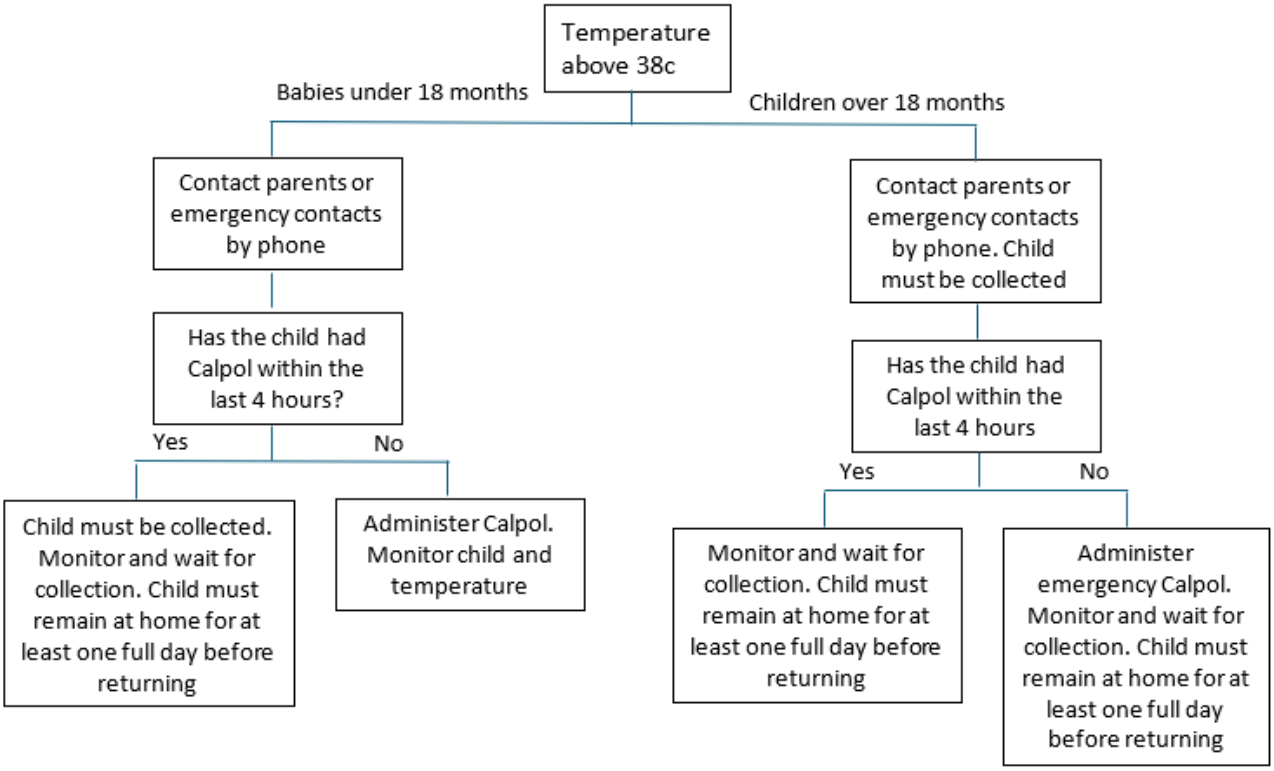
Appendix 2

Illness	Exclusion Period
Chicken pox	Can only return once all spots have dried up which usually takes around 5 days.
Conjunctivitis	No exclusion, however, if antibiotics are prescribed, they will need to be administered for 24 hours before returning to nursery.
Diarrhoea and vomiting	Child must have a minimum of two full days at home after the last episode.
Flu	Child can only return once fully recovered.
German measles	Can only return once the child is no longer considered infectious and has recovered fully; this must be at least 5 full days from the onset of the rash.
Head lice	No exclusion necessary, however treatment must be administered.
Impetigo	Exclusion until the lesions are crusted and healed, or two full days after commencing antibiotic treatment.
Measles	Exclusion until the child is no longer considered infectious and has recovered sufficiently; this must be at least 4 days from the onset of the rash.
Mumps	Child can only return once no longer considered infectious; this must be at least 5 full days from onset of swollen glands.
Scabies	Child may return after first treatment.
Scarlet fever	Child may return 24 hours after commencing antibiotic treatment. Can only return if sufficiently recovered.
Temperature/respiratory infections	Child may return once they are fully recovered but a minimum of 24 hours after symptoms have resolved.
Threadworms	No period of exclusion necessary however treatment must be administered.
Hand, foot, and mouth	No period of exclusion necessary.
Molluscum contagiosum	No period of exclusion necessary.
Ringworm	No period of exclusion necessary.
Slapcheek (Fifth Disease):	No period of exclusion necessary.

For all other diseases, please ask the nursery manager for specific guidelines as well as communicating to us the advice of 111, your child's doctor or pharmacist.

Appendix 3

Calpol Administration



If a child has been sent home