



Health and Safety Policy

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.
- 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.
- 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.

1 Risk assessment

Risk assessments are carried out to ensure the safety of children, staff, parents and visitors. Legislation requires all individuals in the workplace to be responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' towards a 'duty of care' for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- 01.1a Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures
- 01.1b 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.
- 01.1c Prioritised place risk assessment is completed for offering prioritised places during a national pandemic (such as Covid-19). A separate form is completed for each child who is prioritised because they are vulnerable, or meet any other criteria stipulated by the Government at the time. Risk assessment is also completed for each individual group/room as appropriate. If the risk assessment indicates a high risk if the place is offered, that cannot be minimised, the offer of the place may be withdrawn at the discretion of the setting manager.

Risk assessment means: Taking note of aspects of your workplace and activities 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 particularly important when balancing the need for children to be able to take appropriate risks through physically challenging play. Children need the opportunity to work out what is not safe and what they should do when faced with a risk.

Daily safety sweeps and checks indoors and outdoors

- Safety sweeps are conducted when setting up for the day prior to children arriving 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 becoming stiff and a practitioner has to stand on a chair in order to reach it to ensure it has closed properly.

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 managers also ensure that checks/work to premises are carried out and records are kept.

- 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 cleaning is carried out in the 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 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
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling babies/young children to sleep
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

2 Group rooms, stairways and corridors

- Chairs are stacked safely and not too high.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff and visitors remove outdoor shoes in baby areas.
- Children do not have unsupervised access to stairways and corridors.
- Stair gates are in place at the foot and top of the stairs
- Floor covering on stairways and corridors is checked for signs of wear and tear.
- Children are led walking upstairs one at a time and hold the rail.
- Staff hold the hand of toddlers and children who require assistance.
- Walkways and stairs are uncluttered and adequately lit.

3 Kitchen General safety

- Children do not have unsupervised access to the kitchen.
- Children are not taken to the kitchen when meal preparation is taking place
- Wet spills are mopped immediately.
- Floors are washed down at least daily (where relevant).
- All work surfaces are washed regularly with antibacterial agent.

- Inside of the cupboards are cleaned monthly
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly
- Ovens/cooktops are wiped down daily after use; ovens are fully cleaned monthly.
- Where possible all crockery and cutlery are air dried.
- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only
- Any repairs needed are recorded and reported to the manager.

4 Children's bathrooms/changing areas

- Changing mats are cleaned and disinfected in baby change areas.
- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Changing mats are disinfected after each change.
- Anti-bacterial sprays used in nappy changing areas are not left within the reach of children.
- All other surfaces are disinfected daily.
- 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.
- 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 agents. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets
- Mirrors and tiled splash backs are washed daily
- Bins are provided for disposal of paper towels and are emptied daily
- All bins are lined with plastic bags.
- Wet or soiled clothing is 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.

5 Outdoors

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager
- Children are always supervised outside.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months.
- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use

6 Maintenance and repairs

Any faulty equipment or building fault is recorded, including:

- date fault noted
- item or area faulty
- nature of the fault and priority
- who the fault reported to for action
- action taken and when
- if no action taken by the agreed date, when and by whom the omission is followed up
- date action completed

Any area that is unsafe because repair is needed, such as a broken window, should be made safe and separated off from general use.

- Any broken or unsafe item is taken out of use and labelled 'out of use'
- Any item that is beyond repair is condemned. This action is recorded as the action taken and the item is removed from the setting's inventory.

- Condemning items is done in agreement with the setting manager. Condemned items are then disposed of appropriately and not stored indefinitely on site

7 Staff personal safety

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark
- Visitors are allowed access only with prior appointments and once identifications are verified.
- The setting managers liaise with local police for advice on any issues or concerns

Dealing with agitated parents/visitors in the setting

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will make it clear that they want to hear issues and seek solutions
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.

8 Threats and abuse towards staff and volunteers

The setting is responsible for protecting the health and safety of all staff and volunteers in its services and has a duty of care in relation to their physical and emotional well-being. We believe that violence, threatening behaviour and abuse against staff are unacceptable and will not be tolerated. Where such behaviour occurs, we will take all reasonable and appropriate action in support of our staff and volunteers.

- Staff and volunteers have a right to expect that their workplace is a safe environment, and that prompt and appropriate action will be taken on their behalf if they are subjected to abuse, threats, violence or harassment by parents, service users and other adults as they carry out their duties.
- The most common example of unreasonable behaviour is abusive or intimidating and aggressive language. If this occurs, the ultimate sanction, where informal action is not considered to be appropriate or has proved to be ineffective, is the withdrawal of permission to be on the premises.
- Where a person recklessly or intentionally applies unlawful force on another or puts another in fear of an immediate attack, it is an offence in law which constitutes an assault. We would normally expect the police to be contacted immediately

Any staff member or volunteer who feels under threat or has been threatened, assaulted, or intimidated in the course of their work must report this immediately to their manager who will follow the setting manager's procedures and guidance for responding.

Harassment and intimidation

Staff may find themselves subject to a pattern of persistent unreasonable behaviour from individual parents or service users. This behaviour may not be abusive or overtly aggressive but could be perceived as intimidating and oppressive. In these circumstances staff may face a barrage of constant demands or criticisms on an almost daily basis, in a variety of formats for instance, email or

telephone. They may not be particularly taxing or serious when viewed in isolation but can have a cumulative effect over a period of undermining their confidence, well-being, and health.

Banning parents and other visitors from the premises

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.
- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the owners/directors/trustees, withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police and they are treated as a trespasser
- Full records are kept of each incident, in the Reportable Incident Record, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

Dealing with an incident

We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention. A record of the incident must be made whether the police are involved or not

9 Entrances and approach to the building

- Entrances and approaches are kept tidy and always uncluttered.
- All gates and external fences are childproof and safe
- Front doors are always kept locked and shut.
- The identity of a person not known to members of staff is checked before they enter the building
- All staff and visitors to the setting sign in and out of the building

- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents and to make sure that doors and gates are shut.

10 Fire safety

- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands
- All fire safety equipment is checked annually.
- Fire Drills (to include emergency evacuation procedures and lock down) are held at least termly

Drills are recorded, including:

- date of drill
- staff involved and numbers of children
- how long it took to evacuate
- any reason for a delay in achieving the target time and how this will be remedied

11 Food safety and nutrition policy

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:

- vegetarian 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.
 - Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to
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- Food for play and cooking activities
 - Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
 - Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
 - Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing
 - Children should wear aprons that are used just for cooking.
 - Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen
 - Members of staff encourage children to handle food in a hygienic manner.

12 Accidents and emergency treatment Person responsible for checking and stocking first aid box:

At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present [All staff are paediatric first aiders], who regularly update their training; First Aid certificates are renewed at least every three years.

All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:

- 2 x medium sized wound dressing
- 1 x large sized wound dressing
- 2 x individually wrapped triangular bandages
- 2 x finger dressing
- 2 x eye pad with bandage
- Sterile eye wash
- 4 x children's forehead strips or thermometer
- individually wrapped plasters (5 assorted)
- Individually wrapped blue plasters (5 assorted)
- Antiseptic moist wipes
- 1 x pack safety pins
- 2 x disposable gloves
- 1 x Resuscitation Face Shield
- Small Scissors
- Micropore surgical tape
- Ice pack in the Freezer
- Tweezers

- No other item is stored in a First Aid box
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice is kept in the milk kitchen and main kitchen fridges.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book. Parents may have a photo-copy/ online of the accident form on request
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene
- Parents or carers are contacted and informed of what has happened and where their child is being taken to
- The setting managers arrange for transport to take the child and carer to hospital for further checks, if deemed to be necessary.

Recording and reporting

The Director is notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

13 Administration of medicine

- Key persons 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.

Consent for administering medication

- When bringing in medicine, the parent informs a member of staff. The setting manager should also be informed.
- Staff who receive the medication, check it is in date. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label.

- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents and record the circumstance of the events and hospital instructions as relayed to them by the parents.
- All medication must be signed in by a member of staff and signed by the parents.
- Staff must record:
 - full name of child and date of birth
 - name of medication and strength
 - who prescribed it
 - dosage to be given
 - how the medication should be stored and expiry date
 - 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 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.

Record of administering medicines

A record of medicines administered is kept in the setting manager's office.

The medicine record book records:

- name of child
- the date and time of dose
- Dose given and method
- Signed by teacher or setting manager
- Verified by a parent signature at the end of the day

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

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

14 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.

Parents show staff how to administer medication in the event of an allergic reaction.

Medication is stored and recorded as per the policy.

Staff must be provided with clear instructions of how to store medication and what dosage to give.

15 Poorly children

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea 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 a thermometer.

- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness, 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.

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.

16 Oral health

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionery as a snack or treat.

Where children clean their teeth when at the setting

- Children are encouraged to brush their teeth as part of their daily routine. Teeth should not be cleaned for at least one hour after a meal as this can cause loss of enamel.
- Oral hygiene activities are included in planning periodically.

- The setting coordinates with local oral health and ensures procedures are reviewed regularly, additional guidance from the local team may be added to this procedure.

17 Early Years practice policy

- Babies and young children need to form a secure attachment to their key person when they join the setting to feel safe, happy and eager to participate and learn. It is their entitlement to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- Introductions and induction of the parent is carried out before or when the child starts.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children.
- We want the curriculum we provide to help children to learn to:
 - be confident and independent
 - Be aware and responsive to their feelings
 - Make caring and thoughtful relationships with other people
 - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.

We provide a wide range of interesting child-chosen and adult-initiated activities which:

- give children opportunities to use all their senses
- help children of different ages and stages to play together
- help children be the directors of their own learning
- help children develop an inquiring and questioning attitude to the world around them

- To feel securely settled and ready to learn, children from two to five years need to form attachments with adults who care for them, primarily to a key person, but with other adults and children too. In this way children feel part of a community of learners; they can contribute to that community and receive from it. The three-stage model is applicable, but with some differences in the procedures for children moving up into the next group and for older children.

