

1.2 Health and Safety Policy

Our setting aims to provide a safe, healthy and hygienic environment for children and adults.

Our insurance cover is arranged by Morton Michael and is provided by Sterling Insurance Company.

There is a fenced outside play area, secured by a bolted gate, adjoining the Village Hall.

- a) Our overall objective within this policy is to make the contents of this document intrinsic to our working practices on a day to day basis
- b) To provide adequate control of the health and safety risks arising from our work activities
- c) To regularly review any risks and check that control measures remain adequate
- d) To consult with all employees on matters affecting their health and safety
- e) To provide and maintain equipment
- f) To ensure safe handling use and storage of any substances
- g) To provide the necessary instruction, training, information and supervision for all staff, to ensure the competence of all the staff.
- h) To prevent accidents/ill health through good risk assessment processes
- i) To create a culture of 'thinking safety' where staff regularly bring forward any observations/concerns
- j) To provide adequate funds to rectify any health and safety issues
- k) To review and revise this policy as necessary at regular intervals

Responsibilities

Health and safety is the responsibility of all the staff. They have to:

- a) Co-operate with the leader on health and safety matters
- b) Not interfere with anything provided to safeguard their health and safety
- c) So far as is reasonably practicable safeguard the safety and welfare of those around them
- d) Take reasonable care of their own health and safety
- e) Report all health and safety concerns to an appropriate person

Risk assessments

Risk assessments will be carried out by the leader and adhered to at all times

They will include

- a) General safety of the building
- b) The inside play area
- c) The outside play area
- d) Safety in the sun

- e) Snack preparation
- f) COSHH
- g) Any outings
- h) Walks to the school and any others around the village

Use of substances

Substances used in Pre-school

- a) Dettol spray – COSHH report provided
- b) PVA glue – COSHH report provided
- c) Wax crayons – COSHH report provided
- d) Milton sterilising fluid- COSHH report provided
- e) Pritt stick –COSHH report provided

Information instruction and supervision

- a) The Health and Safety Law poster is displayed on the notice board on the foyer notice board
- b) All young workers/volunteers or new staff will be given the relevant health and safety information at their induction.

Accidents, First aid and work-related ill health

- a) The first aid box is kept on the table near the hatch in the main hall
- b) All staff have current first aid certificates
- c) All accidents and cases of work-related ill health are to be recorded in the accident book. The book is kept in the cupboard near the hatch in the main hall.

Monitoring

To check our working conditions and ensure our safe working practices are being followed we will:

- a) Develop a culture where staff are aware of safe working practices and they become part of daily routines
- b) Carry out random visual monitoring of working practices
- c) Carry out an annual audit of Health and Safety management and practices

Emergency procedures –Fire and Evacuation

- a) Risk assessments are updated as required
- b) Fire extinguishers are maintained and checked by 'Chubb'
- c) Emergency evacuation and Emergency coming in procedures are practiced at least three times per term

- d) The fire drill file is updated and kept in the cupboard near the hatch

Emergency evacuation procedure

Inside

- a) Three short blows of the whistle
- b) Leading staff member assigns adults to help and to check toilets and other areas. Collects register
- c) Children and adults assemble on the carpet
- d) Exit by fire doors as quickly and safely as possible.
- e) Assemble at the corner of paths if it is safe to do so.
- f) Head count

Outside

- 1) Three short blows of the whistle
- 2) Leading staff member assigns adults to help and to check toilets and other inside areas. Collects register
- 3) Children and adults assemble near the gate at the bottom of the play area
- 4) Exit by gate as quickly and safely as possible.
- 5) Assemble on concrete pad
- 6) Head count
- 7) Collect evacuation bag and phone.
- 8) Contact emergency services.

1.2.1 Health and Safety Procedure

At 0900 or 1230 on an afternoon session a member of staff remains at the entrance door until all parents/carers have left the hall. The door is then bolted until the end of the session.

No child leaves the hall until his/her name is called. This is not done until the parent/carer responsible has arrived to collect their child. On each child's admission form parents can record the names of four people who may collect their

child/children from the Pre-School. We will need an example of each of the named person's signature for proof of identity.

Children are not allowed into the storage area or kitchen area. Doors bar children's access to these areas.

Clearing away is done by staff. However, all the children are encouraged to help put the toys into their boxes. These are then left at the cupboard door for the helpers and staff to put away.

Accidents

The first aid box is kept near hatch. A staff member checks the first aid box monthly to ensure it is in order.

The Accident Book is kept with the first aid box. All accidents are to be recorded by the staff. The parent/carer of the child involved also signs the book. The Accident Book is duplicated with the parent/carer being offered a copy of the entry for their own records. Accidents recorded in the accident book are reviewed termly.

The full name of the casualty, date, time and place of accident, circumstances in which it occurred, nature of injuries, treatment given, whether medical aid was required, name of witness and the person who dealt with the accident are all to be entered in the book.

RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

As well as keeping these records we notify and report serious injuries or death to the Health and Safety Executive.

All staff hold a current First Aid certificate.

Serious Incidents

We report any serious incidents to the Health & Safety Executive.

An incident book is maintained in which anything is recorded that is passed on from a parent/carer regarding an incident about their child. The Pre-School also record any incidents that occur within the setting. These may include: break in, burglary, fire, flood, gas leak, electrical failure, attack on staff or premises, a racist incident to staff or a family on the premises, death of a child, terrorist attack or the threat of one.

The Pre-School always employs a minimum of three staff so that in the case of an emergency there is always one person to deal with the incident, one to look after the

rest of the children and another member of staff to help or call any required emergency services.

Outside Area

Children are encouraged to wear hats in the outside area during hot weather. We have a canopy over some of the area for extra protection.

Parents are responsible for their children wearing sun cream.

1.2.2 Transportation Policy

No outings can be undertaken with a child without the parent/carer's permission

It is our policy to take children for walks during Pre-School session. Parents sign to say they consent to this on the admission form.

During these walks we will maintain a ratio of one adult to two children for the under threes and one adult to four children for those children three and over.

All staff who accompany any outing is first aid trained. Any medication which a child/children may need will be carried as well as a first aid kit.

Walks are only undertaken in the surrounding area. Full risk assessments are carried out for local walks.

In the summer term the Management Committee organise an outing. All children have an opportunity to attend with their parents/carers or guardians. The Committee organise transport via coach. It is their job to undertake risk assessment including checking MOT and insurance details from the coach company, checking appropriate seat belts are fitted and to provide information on first aid during the outing. A first aid kit is carried by a member of the committee.

1.2.3 Administering Medicines Policy

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible administering medicines will only be done where it would be detrimental to the child's health if not

given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

These procedures are written in line with guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

The manager is responsible for the correct administration of medication to children. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication.

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
 - Full name of child and date of birth;
 - The name of medication and strength;
 - Who prescribed it;
 - The dosage to be given in the setting;
 - How the medication should be stored and its expiry date;
 - Any possible side effects that may be expected; and
 - The signature of the parent, their printed name and date.

The manager will receive the medication and it will be stored either in the medicines box or in the fridge. Medical forms will be completed and signed by the parent and manager.

- The administration of medicine is recorded accurately in our medication record sheet each time it is given by the key person/ manager and signed also 1 other staff member will witness and signs. Parents are shown the record at the end of the day and asked to sign the record sheet to acknowledge the administration of the medicine. The medication record sheet records the:

- Name of the child;
- Name and strength of the medication;
- Date and time of the dose;
- Dose given and method;
- Signature of the key person/manager; and
- Parent's signature.

Storage of Medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The manager is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when-required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.
- If the administration of prescribed medication requires medical knowledge, individual training is provided by the relevant member of staff by a health professional.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell staff members what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

Children who have long term medical conditions and who may require ongoing medication

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to the risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.
- The health care plan should include the measures to be taken in an emergency.

- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- If a child on medication has to be taken to hospital, the child's medication is taken clearly labelled with the child's name and the name of the medication.

1.2.4 Managing Children who are sick, infectious, or with allergies (including reporting notifiable diseases)

We provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic substance.

Procedures for children who are sick or infectious

- If children appear unwell during the day – have a temperature, sickness, diarrhea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
- After diarrhea, parents are asked to keep children at home for 48 hours or until a formed stool is passed.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from www.hpa.org.uk and includes common childhood illnesses such as measles.

Reporting of 'notifiable diseases'

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

HIV/AIDS/Hepatitis 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; any cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishing or toys affected with blood, urine, faeces or vomit are cleaned using a disinfectant.

Head Lice

- Head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away 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 if they are found to have head lice.

Procedures for children with allergies

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
 - The Allergen (i.e the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
 - The nature of the allergic reactions e.g anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
 - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. epipen).
 - Control measures – such as how the child can be prevented from contact with the allergen.
 - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an

allergic reaction.

- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

Insurance requirements for children with allergies and disabilities

- The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to 'as set out below'. For children suffering life threatening conditions, or requiring invasive treatment; written confirmation from your insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)

Oral Medication

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

- oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The setting must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The setting must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

Life saving medication and invasive treatments

Adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc.) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- The provider must have:
 - 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 the parent or guardian allowing staff to administer medication; and
 - 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.

Key Person for special needs children – children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.

1.2.5 No-Smoking

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment – both indoors and outdoors.

Procedures

- All staff, parents and volunteers are made aware of our No-smoking policy.
- We display no-smoking signs.
- The No-smoking Policy is stated in our information for parents.
- Staff who smoke do not do so during working hours, unless on a break and off the premises.
- Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

Legal Framework

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)

1.2.6 Risk Assessments

Our setting believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment.

The risk assessment processes, which follows five steps is follows:

- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents etc?
- Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.
- Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
- Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended or maybe there is a better solution.

Procedures

- Our risk assessment process covers adults and children and includes:
 - Determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents and/or carers and inspectors;
 - Checking for and noting hazards and risks indoors and outside, in relation to our premises and activities;
 - Assessing the level of risk and who might be affected;
 - Deciding whether areas needs attention; and
 - Developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- The risk assessment is written and is reviewed regularly.
- We maintain lists of health and safety issues, which are checked daily before the session begins, as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.

Legal Framework

- Management of Health and Safety at Work Regulations (1999)

Further Guidance

- Five Steps to Risk Assessment (HSE 2011)

1.2.7 Food and Drink

Our provision regards snacks and meal times as an important part of our day. Eating represents a social time for children and adults and helps children to learn

about healthy eating. We promote healthy eating. At snack and meal times, we aim to provide nutritious food, which meets the children's individual dietary needs.

Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs – including any allergies – are up to date. Parents sign the updated record to signify that it is correct.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parent's wishes.
- We provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We include a variety of foods from the four main food groups:
 - Protein;
 - Dairy foods
 - Grains, cereals and starch vegetables; and
 - Fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and are especially vigilant where we have a child who has a known allergy to nuts.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of his/her diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.

- We inform parents who provide food for their children about the storage facilities available in the setting.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi skimmed milk.
- Adults do not have hot drinks amongst the children. They drink them at the kitchen hatch.

Packed Lunches

When children are required to bring packed lunches, we:

- Inform parents of our policy on healthy eating **(1.3.7)**
- Encourage parents to provide sandwiches with a healthy filling, fruit and milk based deserts, such as yoghurt or crème fraiche, where we can only provide cold food from home. We discourage sweet drinks and can provide children with milk or water;
- Ensure staff sit with children to eat their lunch so that the mealtime is a social occasion.

Legal Framework

- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further Guidance

- Safer Food, Better Business (Food Standards Agency 2011)

1.2.8 Nappy Changing

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

Procedures

- Changing areas are warm with safe areas to lay children.
- Each child has their own bag from home to hand with their nappies or pull ups and changing wipes.
- Gloves and aprons are put on by staff before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- Children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- Children are encouraged to wash their hands, and have soap and towels to hand.
- Staff are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Staff do not make inappropriate comments about children's genitals when changing their nappies.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull ups are bagged for the parent to take home. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- We have a 'duty of care' towards the children's personal needs.

1.2.9 Cleaning

A village hall employee cleans the premises (including the toilets).

Toys and equipment are cleaned termly or more often after an outbreak of sickness and/or diarrhea. Where appropriate some toys will be cleaned during sessions with the children assisting

1.2.10 Visitors

Visitors wishing to attend a Pre-School session are welcome to do so at prior notice to the person in charge.

All visitors are asked to sign the visitors book and where appropriate ID is checked.

Any student wishing to attend Pre-School, as part of their training is welcome to do so. However it is important that they check with the Staff first with regard to possible convenient dates.

Visits to the Pre-School are organised by the person in charge (i.e. Fire service, librarian, aerobics teachers, children's entertainers etc.). Such visits are restricted to Pre-School sessions only and are not open to the general public.

All visitors are reminded of our Mobile Phone Policy. (1.4.12)

1.2.11 Equipment and Toys

We believe that high quality early years care can be promoted by providing children with safe, clean, attractive, developmentally appropriate resources, toys and equipment.

Furniture, toys and equipment on the premises are in good repair and checked termly for which a written log is kept. They all conform to BS EN safety standards or the Toys (Safety) Regulations 1995 where applicable.