Health and Safety Policy

Section 1 - Health

1.1 Administering Medicine

1.2 Managing children who are sick, infectious or with allergies

1.3 Recording and reporting of accidents and incidents

1.4 First Aid

1.5 Food Hygiene

Section 2 - Safety and Supervision of Premises, Environment and Equipment

2.1 Health and Safety General Standards

2.2 Maintaining children's safety and security on premises

2.3 Supervision on outings and visits

2.4 Risk Assessment

2.5 Fire Safety and emergency evacuation

2.6 Animals in the setting

Section 1 – Health

1.1 – ADMINISTERING MEDICINE

Policy Statement

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 a child's GP to prescribe medicine that 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 the type of medication before, (although not applicable to Neston Preschool -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 Play Leader is responsible for the correct administration of medication to children within the setting. 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 Play Leader or Deputy Play Leader, the Key Person to that child is responsible for the overseeing of administering medicine.

Procedure

1.1a Children taking prescribed medicine must be well enough to attend the setting.

1.1b 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).

1.1c Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children

1.1d 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:

- The 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.
- The signature of the parent, their printed name and the date.

1.1e The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the key person / manager. Administration of medication is witnessed by another member of staff. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book 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.
- Parents signature.

1.1f We use the Pre-School's Medication Record book for recording the administration of medicine and comply with the detailed procedures set out below.

1.1g Storage of medicines

i) 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.

ii) The Play Leaders are responsible for ensuring medicine is handed back at the end of the day to the parent.

iii) For some conditions, medication may be kept in the setting to be administered on a regular or as-and when-required basis. The Playleaders check that any medication held in the setting, is in date and return any out of date medication back to the parent.

iv) If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health Professional.

v) If rectal diazepam is given, another member of staff must be present and co-signs the record book.

vi) 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 their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

vii) Where medication is administered two staff members must be present.

1.1h Children who have long term medical conditions and who may require ongoing medication:

i) A risk assessment is carried out for each child with long term medical conditions that require on-going 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.

ii) Parents will also contribute to a 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.

iii) 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.

iv) The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

v) The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.

vi) 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.

vii) The health care plan should include the measures to be taken in an emergency.

viii) The health care plan is reviewed every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

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

1.1i Managing medicines on trips and outings:

i) 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.

ii) Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.

iii) On returning to the setting the card is stapled to the medicine record book and the parent signs it.

iv) If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box, clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.

v) As a precaution, children should not eat when travelling in vehicles.

vi) This procedure is read alongside the outings procedure.

Legal Framework

The Human Medicines Regulations (2012)

Further Guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

1.2 – MANAGING CHILDREN WHO ARE SICK, INFECTIOUS OR WITH ALLERGIES

Policy Statement

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

1.2 a. If children appear unwell during the day – have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – the Play Leaders call the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.

1.2 b. 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.

1.2 c. The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.

1.2 d. In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.

1.2 e. 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 diarrhoea or a contagious infection or disease.

1.2 f. Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

1.2 g. After sickness and diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool has passed.

1.2 h. The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from https://www.gov.uk/government/publications/infection-controlin-schools-poster and includes common childhood illnesses such as measles.

1.2 i. Reporting of 'notifiable diseases'

i) 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

ii) 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

1.2 j. HIV/ AIDS/ Hepatitis procedure

i) HIV virus like other viruses such as Hepatitis A, B and C, are spread though body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

ii) 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.

iii) Protective rubber gloves are used for cleaning / sluicing clothing after changing.

iv) Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting – for more details refer to the Nappy and Clothing Policy.

v) 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.

vi) Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

1.2 k. Nits and Head Lice

i) Nits and 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.

ii) 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.

iii) A notice will be displayed, upon noticing an outbreak of head lice, asking all parents to check their children.

1.2 l. Procedures for children with allergies

The Preschool display a list of the 14 key Allergens as recognised by the Food Standards Agency. A log of daily snacks is also kept as a reference to staff and/or parents in case of an allergic reaction by a child.

i) 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.

ii) 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 etcD).
- 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.

iii) This form is kept in the child's personal file and a copy is displayed where staff can see it

iv) Staff receive training in how to administer special medication in the event of an allergic reaction.

v) Generally, no nuts or nut products are used within the setting.

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

1.2 m. 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 treatments; written confirmation from our 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).

1.2 n. Oral Medication

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

ii) Oral medications must be prescribed by GP with a sticker on it clearly stating the child's name and if needed have a manufacturer's instructions clearly written on them.

iii) The setting must be provided with clear written instructions on how to administer such medication.

iv) All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

v) 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.

1.2. o. Life Saving medication and invasive treatments

For 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).

i) 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.
- 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 – staff must be retrained for each individual child.

ii) Copies of all three documents relating to these children must first be sent to the Pre-School Learning Alliance Insurance Department for appraisal (if we have another provider, check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

1.2 p. Key Person for Children with Special Educational Needs & Disabilities

Some children require assistance with tubes to help them with everyday living, e.g. breathing apparatus, to take nourishment, colostomy bags.

i) 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.

ii) 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.

iii) Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department / insurance provider for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If we are unsure about any aspect, contact the Pre-School Learning Alliance Insurance Department on 020 7697 2585 or email membership@pre-school.org.uk

Further Guidance

Managing Medicines in Schools and Early Years Settings (DfES 2005)

1.3 – RECORDING AND REPORTING OF ACCIDENTS AND INCIDENTS

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

Policy Statement

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

Procedures

1.3 a. Our accident book:

i) Is kept in a safe and secure place;

ii) Is accessible to staff and volunteers, who all know how to complete it; and

iii) Is reviewed at least half termly to identify any potential or actual hazards

1.3 b. Reporting accidents and incidents

Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:

- Food poisoning affecting two or more children looked after on our premises;
- A serious accident or injury to, or serious illness of, a child in our care and the action we take in response; and,
- The death of a child in our care.

i) Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on any advice given by those agencies.

ii) Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.

iii) We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- Any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;

- Any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;

- When a member of staff suffers from a reportable work-related disease or illness;

- Any death, of a child or adult, that occurs in connection with activities relating to our work; and,

- Any dangerous occurrences; this may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done, such as a gas leak.

iv) Information for reporting incidents to the Health and Safety Executive is provided in the Pre-School Learning Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

1.3 c. Our Incident Book

i) We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent/hire premises we ensure we have access to the person responsible i.e. the hall committee chair/treasurer and that there is a shared procedure for dealing with emergencies.

ii) We keep an incident book for recording major incidents, including those that are reportable to the Health and Safety Executive as above.

iii) These incidents include:

- A break in, burglary, or theft of personal or the setting's property;
- An intruder gaining unauthorised access to the premises;
- A fire, flood, gas leak or electrical failure;
- An attack on member of staff or parent on the premises or nearby;
- Any racist incident involving staff or family on the setting's premises;
- A notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
- The death of a child or adult, and
- A terrorist attack or threat of one.

iv) In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also reported.

v) In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.

vi) In the unlikely event of a child dying on the premises, the emergency services will be called, and the advice of these services will be followed.

vii) The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

Legal Framework

Reporting of injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

Further Guidance

RIDDOR Guidance and Reporting Form: www.hse.gov.uk/riddor

1.4 – FIRST AID

Policy Statement

In our setting, staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with a current first aid certificate is on the premises, or on an outing at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children.

Procedures

1.4 a. The first aid kit

i) Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981 and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x4
- Sterile dressings:
- Small x 3
- Medium x 3
- Large x 3
- Composite pack containing 20 assorted (individually wrapped) plasters x 1
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2
- Container or 6 safety pins x 1
- Guidance card as recommended by HSE x 1

ii) In addition to the first aid equipment, each box should be supplied with:

- 2 pairs of disposable plastic (PVC or vinyl) gloves
- 1 plastic disposable apron

iii) The first aid box is regularly checked by a designated member of staff and re-stocked as necessary.

iv) The first aid box is easily accessible to adults and is kept out of the reach of children.

v) No un-prescribed medication is given to children, parents or staff.

vi) At the time of each child's admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.

vii) Parents sign a consent form at registration allowing staff to take their child to the

nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Legal Framework

Health and Safety (First Aid) Regulations (1981)

1.5 – FOOD HYGIENE

Policy Statement

We serve food for children on the following basis:

− Snacks
− Packed lunches

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

1. 5 a. Procedures

i. The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in Safer Food, Better Business (Food Standards Agency 2011). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.

ii. All staff follow the guidelines of Safer Food, Better Business.

iii. All staff involved in the preparation and handling of food have received training in food hygiene.

iv. The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business)

v. We use reliable suppliers for the food we purchase.

vi. Food is stored at correct temperatures and is checked to ensure it is in date and not subject to contamination by pests, rodents or mould.

vii. Packed lunches are stored in a cool place; unrefrigerated food is served to children within 4 hours of preparation at home.

viii. Parents are advised, especially in hot weather, to use ice blocks / packs in lunch boxes to ensure food is kept cool.

ix. Food preparation areas are cleaned before use as well as after use.

x. There are separate facilities for hand washing and for washing up.

xi. All surfaces are clean and non-porous.

xii. All utensils, crockery etc. are clean and stored appropriately.

xiii. Waste food is disposed of daily.

xiv. Cleaning materials and other dangerous materials are stored out of children's reach

xv. Children do not have unsupervised access to the kitchen.

xvi. When children take part in cooking activities, they;

- Are supervised at all times;
- Understand the importance of hand washing and simple hygiene rules;
- Are kept away from hot surfaces and hot water; and,
- Do not have unsupervised access to electrical equipment, such as blenders

1.5 b. Reporting of food poisoning

i) Food poisoning can occur for a number of reasons; not all cases of sickness and diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.

ii) Where children and / or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.

iii) Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

Legal Framework

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

Section 2 –

Safety and Supervision of Premises, Environment and Equipment

2.1 - HEALTH AND SAFETY GENERAL STANDARDS

Policy Statement

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.

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is:
  Emma Walley She is competent to carry out these responsibilities.
- She has undertaken health and safety training and regularly updates his / her knowledge and understanding
- We display the necessary health and safety poster in the kitchen.

Insurance Cover

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on the large notice board in the entrance hall.

Procedures

2.1 a. Awareness Raising

i) Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.

ii) Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.

iii) Health and safety issues are explained to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.

iv) As necessary, health and safety training is included in the annual training plans of staff,

and health and safety is discussed regularly at staff meetings.

v) We operate a no-smoking policy.

vi) Children are made aware of health and safety issues though discussions planned activities and routines.

2.1 b. Safety of adults

i) Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.

ii) When adults need to reach up to store equipment or to change light bulbs, they are provided with safe equipment to do so.

iii) All warning signs are clear and in appropriate languages.

iv) Adults do not remain in the building on their own or leave on their own after dark.

v) The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.

vi) We keep a record of all substances that may be hazardous to health, such as cleaning chemicals, or gardening chemicals if used. This states what the risks are and what to do if they have contact with eyes or skin or are ingested. It also states where they are stored.

vii) We keep all cleaning chemicals in their original containers.

2.1 c. Windows

i) Low level windows are made from materials that prevent accidental breakage or are made safe.

ii) Windows are protected from accidental breakage or vandalism from people outside the building.

iii) Windows above the ground floor are secured so that children cannot climb through them.

2.1 d. Doors

i) We take precautions to prevent children's fingers from being trapped in doors

2.1 e. Floors

i) All floor surfaces are checked daily to ensure that they are clean and not uneven, wet or damaged.

2.1 f. Kitchen

i) Children do not have unsupervised access to the kitchen.

ii) All surfaces are clean and non-porous.

iii) There are separate facilities for hand washing and for washing up.

iv) Cleaning materials and other dangerous materials are stored out of children's reach.

v) When children take part in cooking activities, they:

- Are supervised at all times
- Are kept away from hot surfaces and hot water; and
- Do not have unsupervised access to electrical equipment

2.1 g. Electrical / Gas equipment

i) All electrical / gas equipment conforms to safety requirements and is checked regularly.

ii) Our boiler / electrical switch gear / meter cupboard is not accessible to the children.

iii) Fires, heaters, electrical sockets, wires and leads are properly guarded and the children are taught not to touch them.

iv) Storage heaters are checked daily to make sure they are not covered.

v) There are sufficient sockets to prevent overloading.

vi) The temperature of hot water is controlled to prevent scalds.

vii) Lighting and ventilation is adequate in all areas including storage areas.

2.1 h. Storage

i) All resources and materials which are used by the children are stored safely.

ii) All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

iii) Any equipment that is stored in the shed, e.g. garages, tool benches, large cars etc. are wiped down with anti-bacterial spray before being placed in the rooms.

2.1 i. Outdoor Area

i) Our outdoor area is securely fenced.

ii) Our outdoor area is checked for safety and cleared of rubbish before it is used.

iii) Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.

iv) Where water can form a pool on equipment, it is emptied before children start playing outside.

v) Our outdoor sand pit is stored in a contained shed when not in use and is cleaned regularly.

vi) Our digging area is covered when not in use.

vii) All outdoor activities are supervised at all times.

2.1 j. Hygiene

i) We seek information from Public Health England (PHE) to ensure that we keep up-to-date with the latest recommendations.

ii) Our daily routines encourage the children to learn about personal hygiene.

iii) We have a daily cleaning routine for the setting, which includes the play rooms, kitchen, toilets and nappy changing areas.

iv) We have a schedule for cleaning resources and equipment, dressing up clothes and furnishings. All dressing up clothes, children's aprons and dolls clothes are taken home at the end of each half term and washed by the staff.

v) The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.

vi) We implement good hygiene practices by:

- Cleaning tables between activities.
- Cleaning and checking toilets regularly.
- Wearing protective clothing – such as aprons and disposable gloves – as appropriate.
- Providing sets of clean clothes.
- Providing tissues and wipes.

vii) Any item of play equipment that has been in a child's mouth is taken away and washed at the time of incident. All other equipment such as dolls, food, tea sets, etc. are cleaned on a rolling basis or as / when needed.

2.1 k. Food and Drink

i) Staff who prepare and handle food receive appropriate training and understand – and comply with – food safety and hygiene regulations.

ii) All food and drink is stored appropriately.

iii) Hot drinks are only permitted, by adults, in the kitchen.

iv) Snack and meal times are appropriately supervised and children do not walk about with food and drinks.

v) Fresh drinking water is available to the children at all times.

vi) We operate systems to ensure that children do not have access to food / drinks to which they are allergic, in addition, a list of the 14 key Allergens, as recognised by the Food Standards Agency, is displayed in the snack area and a log of daily snacks is also kept as a reference to staff and/or parents in case of an allergic reaction.

vii) Tea towels are changed daily and washed by the memorial hall cleaning staff.

viii) Tables are wiped before snacks with an anti-bacterial wipe.

ix) Cups and plates used during snack time are washed in warm soapy water after use and left to dry on a rack. They are sterilised at the end of each half term session (approximately 6 weeks).

2.1 l. Activities and resources

i) Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.

ii) The layout of play equipment allows adults and children to move safely and freely between activities.

iii) All equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.

iv) All materials, including paint and glue, are non-toxic.

v) Sand is clean and suitable for children's play.

vi) Physical play is constantly supervised.

vii) Children are taught to handle and store tools safely.

viii) Children who are sleeping are checked regularly.

ix) Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

x) Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded.

xi) Large pieces of equipment are discarded only with the consent of the manager and the management team.

Legal Framework

Health and Safety at Work Act (1974)
Management of Health and Safety at Work Regulations (1999)
Electricity at Work Regulations (1989)
Control of Substances Hazardous to Health Regulations (COSHH) (2002)
Manual Handling Operations Regulations (1992) (As Amended 2004)
Health and Safety (Display Screen Equipment) Regulations (1992)

2.2 – MAINTAINING CHILDREN'S SAFETY AND SECURITY ON PREMISES

Policy Statement

We maintain the highest possible security of our premises to ensure that each child is safely cared for during their time with us

Procedures

2.2 a. Children's personal safety:

i) We ensure all employed staff have been checked for criminal records via enhanced disclosure through the Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS).

ii) Adults do not normally supervise children on their own.

iii) All children are supervised by adults at all times.

iv) whenever children are on the premises at least two adults are present.

v) We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

2.2 b. Security:

i) Systems are in place for the safe arrival and departure of children.

ii) The times of the children's arrivals and departures are recorded.

iii) The arrival and departure times of adults – staff, volunteers and visitors – are recorded.

iv) Our systems prevent unauthorised access to our premises.

v) Our systems prevent children from leaving our premises unnoticed.

vi) The personal possessions of staff and volunteers are securely stored during sessions.

2.3 – SUPERVISION OF CHILDREN ON OUTINGS AND VISITS

Policy Statement
Children benefit from being taken out of the setting to go on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. Some settings do not have direct access to outdoor provision on their premises and will need to take children out daily. Staff in our setting ensure that there are procedures to keep children safe on outings, all staff and volunteers are aware of and follow the procedures as laid out below.

2.3 a. Procedures

i) Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.

ii) This general consent details the venues used for daily activities.

iii) There is a risk assessment for each venue carried out, which is reviewed regularly.

iv) Parents are always asked to sign specific consent forms before major outings.

v) A risk assessment is carried out before an outing takes place.

vi) All venue risk assessments are made available for parents to see.

vii) On trips the ratio of adult to children is 1:2 for two year olds and 1:4 for 3-4 year olds. We achieve this by using parental / carer support when on outings.

viii) Named children are assigned to individual staff to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.

ix) Outings are recorded in an outings record book kept in the setting stating:

- The date and time of the outing.
- The venue and mode of transport used.
- The names of the staff members assigned to each of the children.
- The time of return.

x) Staff take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for.

xi) Staff take a list of children with them with contact numbers of parents / carers, as well as an accident book and a copy of our *'Missing Child Policy'.*

xii) A minimum of two staff accompany children on outings and a minimum of two remain behind with the rest of the children.

2.4 – RISK ASSESSMENT

Policy Statement

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.

This policy is based on the Pre-School Learning Alliance risk assessment processes, which follow five steps as follows:

1. Identification of a risk: Where is it and what is it?
2. Who is at risk: Childcare staff, children, parents, cooks, cleaners etc.?
3. 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.
4. Control measures to reduce / eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
5. Monitoring and review: How do you know if what you have said is working, or is thorough e nough? If it is not working, it will need to be amended, or maybe there is a better solution.

2.4 a. Procedures

i) 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 which areas need attention; and,
- Developing an action plan that specifies the action required, the timescales for action, the person responsible for the action and any funding required.

ii) We have a daily checklist completed by a member of staff. Any risks / hazards are reported to **Emma Walley** (Health and Safety Officer).

iii) Where more than five staff and volunteers are employed, the risk assessment is written and is reviewed regularly.

iv) 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)

2.5 – FIRE SAFETY AND EMERGENCY EVACUATION

Policy Statement

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The person incharge and staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Safety Officer, or Fire Safety Consultant.

2.5 a. Procedures

i) The basis of fire safety of risk assessment, carried out by a 'competent person'.

ii) The manager will receive training in fire safety sufficient to be competent to carry out the risk assessment; this will be written where there are more than five staff and will follow the government guidance Fire Safety Risk Assessment – Educational Premises (HMG 2006).

iii) Where we rent premises, we will ensure that we have a copy of the fire safety risk assessment that applies to the building and that we contribute to regular reviews.

iv) Fire doors are clearly marked, never obstructed and easily opened from the inside.

v) Smoke detectors / alarms and fire fighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.

vi) Our emergency evacuation procedures are approved by the Fire Safety Officer and are:

- Clearly displayed in the premises;
- Explained to new members of staff, volunteers and parents; and,
- Practised regularly, at least once every six weeks.

vii) Records are kept of fire drills and of the servicing of fire safety equipment.

2.5 b. Emergency Evacuation Procedure

Every setting is different and the evacuation procedure will be suitable for each setting. It must cover procedures for practice drills including:

i) How children are familiar with the sound of the fire alarm.

ii) How the children, staff and parents know where the fire exits are.

iii) How children are led from the building to the assembly point.

iv) How children will be accounted for and by who.

v) How long it takes to get the children out safely.

vi) Who calls the emergency services, and when, in the event of a real fire.

vii) How parents are contacted.

The fire drill record book must contain:

- The date and time of the drill.
- How long it took.
- Whether there were any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.

Legal Framework

Regulatory Reform (Fire Safety) Order 2005

Further Guidance

Fire Safety Risk Assessment – Educational Premises (HMG 2006)

2.6 – ANIMALS IN THE SETTING

Policy Statement

Children learn about the natural world, its animals and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage.

This may include contact with animals, or other living creatures, either in the setting or on visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

Procedures

2.6 a. Animals in the setting

i) We do not permit animals in the setting apart from Guide Dogs / Listening Dogs.

ii) Animals visiting the setting as part of the curriculum are free from disease and safe to be with children, and do not pose a health risk. Appropriate risk assessments are made for visiting animals.

iii) Children wash their hands after contact with animals.

iv) Outdoor footwear worn to visit farms are cleaned of mud and debris and should not be worn indoors.

Legal Framework

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

This policy was formulated in consultation with staff and the Management Committee of Neston Pre-school Playgroup and was formally adopted at a committee meeting held on 23 / 1 / 2017. This policy was reviewed and updated on 09/10/2018.

Signed on behalf of the Management Committee:

Print Name	Helena Blamire-Brown
Role of Signatory	Chairperson
Date to be reviewed	January 2019