



# Section 3

# Health & Safety

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## Health & Safety

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### 3.0 Policy Reviewed

<p>This policy &amp; procedure was adopted for: (<i>Company Name</i>)</p>	 <p>Early Learners Nurseries</p>	 <p>Playhub – School Clubs</p>
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*Reviewed by:*

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Reviewed on:	JULY 2022	JULY 2022

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## 3.1 Health & Safety standards

### Policy

Our settings 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 provide and maintain safe and healthy working conditions, equipment and systems of work for all our workforce, and a safe environment in which children learn and are cared for. To develop and promote a strong health and safety culture within the settings for the benefit of all staff, children and parents, we provide information, training and supervision. We also accept our responsibility for the health and safety of other people who may be affected by our activities.

We have designated people who are responsible for duties for health and safety matters. They make particular arrangements and implement our procedures that are set out within this policy. As a company we make sufficient resources available to provide a safe environment.

#### Legal framework

We follow all relevant legislation and associated guidance relating to health and safety within the nursery including:

- The requirements of the Statutory Framework for the Early Years Foundation Stage (EYFS) 2021.
- The regulations of the Health & Safety at Work Act 1974 and any other relevant legislation such as Control Of Substances Hazardous to Health Regulation (COSHH).
- Any guidance provided by the government, the local health protection unit, the local authority environmental health department, fire authority and the Health and Safety Executive.

### Procedures

#### *Aims and objectives*

The aim of this policy and procedure is to ensure that all reasonably practical steps are taken to ensure the health, safety and welfare of all persons using the premises.

To achieve this we will actively work towards the following objectives:

- Establish and maintain a safe and healthy environment throughout the setting including outdoor spaces.
- Establish and maintain safe working practices amongst staff and children.
- Make arrangements for ensuring safety and the minimising of risks to health in connection with the use, handling, storage and transport of hazardous articles and substances.
- Ensure we provide sufficient information, instruction and supervision, to enable all people working in or using the setting, to avoid hazards and contribute positively to their own health and safety and to ensure that staff have access to regular health and safety training.
- Maintain a healthy and safe setting with safe entry and exit routes.
- Formulate effective procedures for use in case of fire and other emergencies and for evacuating the settings premises. Practice this procedure on a regular basis to enable the safe and speedy evacuation of the setting.
- Maintain a safe working environment for pregnant workers or for workers who have recently given birth, including undertaking appropriate risk assessments.
- Maintain a safe environment for those with special educational needs and disabilities and ensure all areas of the setting are accessible (wherever practicable).
- Provide a safe environment for apprentices, students or trainees to learn in.
- Encourage all staff, visitors and parents to report any unsafe working practices or areas to ensure immediate response by the management.
- Ensure that all of our workforce are aware of the procedure to follow in case of accidents for staff, visitors and children.
- Ensure that all members of staff take all reasonable action to control the spread of infectious diseases and wear protective gloves and clothing where appropriate.
- Ensure there are suitable hygienic changing facilities (see infection control policy).
- Prohibit smoking on the premises.
- Prohibit any contractor from working on the premises without prior discussion with the Manager.
- Encourage children to manage risks safely and prohibit running inside the premises unless in designated areas.
- Risk assess all electrical sockets and take appropriate measures to reduce risks where necessary and ensure no trailing wires are left around the setting.
- Ensure all cleaning materials are placed out of the reach of children and kept in their original containers.
- Wear protective clothing when cooking or serving food.
- Prohibit certain foods that may relate to children's allergies, e.g. nuts are not allowed in the setting.
- We follow the EU Food Information for Food Consumers Regulations (EU FIC). These rules are enforced in the UK by the Food Information Regulations 2014 (FIR). We identify the 14 allergens listed by EU Law that we use as ingredients in any of the dishes we provide to children and ensure that all parents are informed.
- Follow the allergies and allergic reactions policy for children who have allergies.
- Ensure risk assessments are undertaken on the storage and preparation of food produce within the setting.
- Familiarise all staff and visitors with the position of the first aid boxes and ensure all know who the appointed first aiders are
- Provide appropriately stocked first aid boxes and check their contents regularly.
- Ensure children are supervised at all times.
- Take all reasonable steps to prevent unauthorised persons entering the premises and have an agreed procedure for checking the identity of visitors.
- Ensure no student or volunteer is left unsupervised at any time
- Ensure staff paediatric first aid (PFA) certificates stored on the Onedrive.
- Staff PFA list is located on the parent information board and in the office.

We believe the risks in the environment are low and we will maintain the maximum protection for children, staff and parents. The setting will:

- Ensure all entrances and exits from the building, including fire exits, are clearly identifiable, free from obstruction and easily opened from the inside.
- Regularly check the premises room by room for structural defects, worn fixtures and fittings or electrical equipment and take the necessary remedial action.
- Ensure that all staff, visitors, parents and children are aware of the fire procedures and regular fire drills are carried out.
- Have the appropriate fire detection and control equipment which is checked regularly to make sure it is in working order.

**Designated people**

The designated people have been deemed competent to carry out these responsibilities. The structure of this team incorporates staff from a wide range of experiences. Our staff undertake relevant health and safety training and regularly update their knowledge and understanding where applicable.

**Our H&S Officer** (the Manager) who leads H&S in the setting is:

**Our H&S Area Manager** (the Area Manager) who leads H&S in the company is:

Jessica Foulston

**Our H&S Director** (the Director) who oversees H&S in the company is:

Hayden McCann

- The employer has overall and final responsibility for this policy being carried out at our settings.
- The deputy manager will be responsible in the setting in the managers absence.
- All employees have the responsibility to cooperate with senior staff and the manager to achieve a healthy and safe setting and to take reasonable care of themselves and others. Neglect of health and safety regulations/duties will be regarded as a disciplinary matter.
- Whenever a member of staff notices a health or safety problem which they are not able to rectify, they must immediately report it to the appropriate person named above.
- Parents and visitors are requested to report any concerns they may have to the manager.
- Regular notifications, staff meetings and health and safety meetings provide consultation between management and employees. This will include health and safety matters.

**Health and safety arrangements**

- All staff are responsible for general health and safety in the setting.
- Risk assessments will be conducted on all areas of the setting, including rooms, activities, outdoor areas, resources, cleaning equipment, legionella and lone working. These consist of daily checks (visual and written).
- Risk assessments are reviewed at regular intervals and when arrangements made and/or changed.
- All outings away from the setting (however short) will include a prior risk assessment – more details are included in our outings policy.
- All equipment, rooms and outdoor areas will be checked thoroughly by staff before children access them or the area. These checks will be recorded and initialled by the staff responsible. Unsafe areas will be made safe to promote the safety of children. If this cannot be achieved the manager will be notified immediately.
- We provide appropriate facilities for all children, staff, parents and visitors to receive a warm welcome and provide for their basic care needs, e.g. easy to access toilet area and fresh drinking water.
- We adhere to the Control Of Substances Hazardous to Health Regulation (COSHH) to ensure all children, staff, parents and visitors are safe in relation to any chemicals we may use on the premises.
- We identify and assess any water sources at risk of legionella and manage these risks including avoiding stagnant water.
- All staff and students will receive appropriate training in all areas of health and safety which will include risk assessments, manual handling and fire safety. We may also use benefit risk assessments for particular activities and resources for children.
- We have a clear accident and first aid policy to follow in the case of any person in the setting suffering injury from an accident or incident.

- We have a clear fire safety policy and procedure which supports the prevention of fire and the safe evacuation of all persons in the setting. This is to be shared with all staff, students, parents and visitors to the setting.
- We review accident and incident records to identify any patterns/hazardous areas.
- All health and safety matters are reviewed regularly on an ongoing basis and when something changes. Staff and parents will receive these updates, as with all policy changes, as and when they happen.
- We welcome feedback from staff and parents. They are able to contribute to any policy through informal discussions, via notification and/or during regular meetings held at setting.

**Training table**

Area	Training required	Who
Paediatric First aid	Course	All staff
Dealing with blood	In house training/course	All staff
Safeguarding/Child protection	In house training/ online course	All staff
Care of babies	In house training/ online course	At least half of the staff working with under 2's
Risk assessment	In house training/ online course	All staff
Fire safety procedures	In house training/ online course	All staff and students
Use of fire extinguisher	In house training	All staff where possible
Food hygiene	In house training/ online course	Anyone involved in preparing and handling food
Allergy awareness	In house training/ online course	All staff and students
Manual handling	In house training/ online course	All staff and students
Stress awareness and management	In house training/ online course	All staff
Changing of nappies	In house training	All staff
Fire warden duties	External / or online course	Fire Warden
Medication requiring technical or medical knowledge: EpiPen	External course	As required
SENCO	External course	SENCO
Supervision and appraisal	In house training/ online course	Manager, deputy and room supervisors

- 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.
- New staff and volunteers are asked to acknowledge and sign the records to confirm that they have taken part.
- Parents are regularly updated regarding health and safety matters.
- As necessary, health and safety training is reviewed at supervision and is included in the annual training plans of staff. Health and safety is discussed regularly at staff meetings.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

**Water**

- A fresh drinking supply is available and accessible to all children, staff and visitors.
- All hot water taps accessible to children are thermostatically controlled to ensure that the temperature of the water does not exceed 40oC. We ensure that the temperature of hot water is controlled to prevent scalds.
- Location of water stop tap(s):


**Gas**

- We ensure that all gas equipment conforms to safety requirements and is checked regularly.
- Our boiler switch / meter cupboard is not accessible to the children.
- All gas appliances are checked regularly by a registered Gas Safety engineer.
- Carbon monoxide detectors are fitted.
- Location of gas point(s):


**Electrical**

- We ensure that all electrical equipment conforms to safety requirements and is checked regularly.
- Our electrical switches, meter(s), cupboard(s), are not accessible to the children.
- All electrical cables are kept out of the reach of children wherever possible and shielded by furniture where they need to be at floor level. Fires, heaters, electric sockets, wires and leads are properly guarded and we teach the children not to touch them.
- Electrical sockets are all risk assessed and any appropriate safety measures are in place to ensure the safety of the children. There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after use.
- We ensure that all electrical equipment conforms to safety requirements and is checked regularly.
- Location of main electricity box(s):


**Temperatures**

- There are thermometers in each classroom to ensure temperatures are monitored. Temperatures should not fall below 18oC in classrooms and areas of the building.
- Staff should assess and be aware of room temperatures in the setting and should ensure that they are suitable at all times. Temperatures should be recorded on the appropriate forms.
- Staff must always be aware of the dangers of babies and young children being too warm or too cold.
- Thermostats are controlled by directors. These devices are locked to prevent being tampered with. A request to change temperatures must be made by the settings manager. These devices should not be moved or turned off.
- Where fans are being used to cool rooms, great care must be taken with regard to their positioning.
- Location of thermostat(s):


**Control of substances hazardous to health**

- Our staff implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH).
- We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used and where they are stored.
- All dangerous substances including chemicals MUST be kept in locked areas out of children’s reach. All substances must be kept in their original containers with their original labels attached.
- We carry out risk assessments for all chemicals used in the setting. The product(s) are reviewed prior to purchasing and must state what the risks are and what to do if they have contact with eyes or skin or are ingested.
- Safety Data Sheets (Control of Substances Hazardous to Health (COSHH)) and risk assessments must be kept for all substances and the appropriate personal protection taken and used e.g. gloves, apron and goggles.
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained. We do not use bleach.
- We use anti-bacterial cleaning agents, in the toilets, hand-wash, nappy changing area and food preparation areas. Anti-bacterial sprays are not used when children are nearby.
- Anti-bacterial cleaning spray cannot be left out on side’s accessible to children.
- Environmental factors are taken into account when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Members of staff wear protective gloves when using cleaning chemicals.
- Location of dangerous substances:


**Equipment and Resources**

We believe that high-quality care and early learning and development are promoted by providing children with safe, clean, stimulating, age and stage appropriate resources, toys and equipment. To ensure this occurs within the setting, including in our outdoor areas, we will:

- Provide play equipment and resources which are safe and, where applicable, conform to the European Standards for Playground Equipment: EN 1176 and EN 1177, BS EN safety standards or Toys (Safety) Regulation (1995).
- Provide a sufficient quantity of equipment and resources for the number of children registered in the setting.
- Provide resources to meet children’s individual needs and interests.
- We do not accept second-hand toys, furniture resources. However, we do accept books.
- We discourage staff to purchase resources or equipment. If staff do this they need to ensure the manager is aware of the product or activity.
- We provide play equipment and resources which promote continuity and progression, provide sufficient challenges and meet the needs and interests of all children.
- Store and display resources and equipment where all children can independently choose and select them.
- Check all resources and equipment before first use to identify any potential risks, and regularly at the beginning of every session and when they are put away at the end of every session. We repair and clean or replace any unsafe, worn out, dirty or damaged equipment whenever required.
- Keep an inventory of resources and equipment. This records the date on which each item was purchased, and the price paid for it.
- Evaluate the effectiveness of the resources, including the children’s opinions and interests.
- Encourage children to respect the equipment and resources and tidy these away when play has finished. Children are encouraged by staff to place resources into a designated area. This is role modelled by staff. Staff may use silhouettes and/or pictures to match, direct or instruct others to understanding, communicate where items are placed.

### Children's personal safety

- We ensure all staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service.
- Our employees have the means of communicating with the workforce around each setting at all times.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out daily checks (risk assessments) to ensure children are not made vulnerable within any part of our premises, nor by any activity.
- Any potential risks are recorded to the manager and caretaker.
- Areas (classrooms or/and playgrounds) are checked and the children are not exposed to the risks.

### Registers

- Registers are a legal requirement.
- Children must be signed in/out immediately on entrance/departure. Employees completing handover of the child are responsible for ensuring this is completed.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- We sign children in digitally. Employees can complete this via their individual tablets or the setting computers.
- Each family has a unique pin to sign in and out their child.
- When on outings we use a hard copy format. The following codes to help us clearly communicate on the registers:

X	Attending that session
S	Sick
A	Absent ( <i>tried to contact parent</i> )
F.E.E	Free Early Education ( <i>hours and times are stated</i> )
H	Holiday ( <i>child is on holiday not attending setting</i> )
HC	Holiday Club

- Attendance of children is checked continuously. However, we encourage employees to check attendance at the start and end of each session. Headcounts are completed regularly.
- Registers are checked regularly by management.
- When necessary we ask that our team use a black pen when writing on registers.
- If a person (child/ adult) is not identified on register they need to report to management immediately. All children must be identified on the register.
- Any incorrect details or information on the register needs to be immediately reported.
- Headcounts are completed regularly.
- Staff are responsible for completing counting and totalling each session in line with the register.
- At the start of each session and at the end of each week, the staff are responsible for ensuring register have been correctly completed. The total attendance numbers are then adjusted automatically.
- The names of the designated key person is clearly marked on the register.
- Children do not have access to the register. If paper based this document must remain clean, clear and precise.
- Registers should be always accessible.
- In an emergency a headcount is completed and staff tablets/ registers are taken with the staff member and details checked by management to ensure all children are accounted for.

### Security

- Systems are in place for the safe arrival and departure of children.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We have CCTV (audio and visual) installed within our premises. This is for the sole use of management.
- We only allow access to visitors with prior appointments.
- Our staff check the identity of any person who is not known before they enter the premises.
- We keep all doors and gates locked and shut at all times. Doors which lead to playground areas may be open, but these are secure areas with no immediate access to the public or unknown person. Boundaries in playground areas are secure.
- Fire doors are closed and have emergency release bolts to open door from the inside. Internal doors are shut at all times.
- We have installed mag-locks, pin-systems and security lighting to each of our settings.

### External Companies & Events

- The setting may use external companies that bring animals into the setting.
- Risk assessments are completed prior to them coming and parents sign to authorise their child taking part.
- Staff discuss clear rules and guidelines with the children prior to the event.
- During these sessions all parents and children are invited to attend.

### Animals on site

- We ask parents, carers and visitors not to bring animals on site. Signs are clearly displayed around the setting.
- We take account of the views of parents and children when organising stay-and-play events which involve animals.
- We carry out checks with the knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature prior to a visit.
- We provide suitable space for activities which involve animals or creatures. We ensure the environment is cleaned after use.
- We do not care for animals or creatures. Animals and creatures cannot stay at our setting or be unaccompanied at any time.
- Children are taught correct handling and care of the animal or creature and are supervised at all times.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff wear disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children they are the responsibility of the owner.
- The manager carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.
- The external company must provide a risk assessment and a copy of their insurance.

## 3.2 Risk assessment

### Policy

We believe 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. 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. The law does not require that all risk is 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. Health and safety risk assessments inform procedures.

Staff and parents are involved in reviewing risk assessments and procedures – 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.

This policy is based on the five steps below:

- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents, cooks, cleaners 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?
- Monitor 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

#### Understanding Risk Assessments

- Risk assessments document the hazards/aspects of the environment that needs to be checked on a regular basis, who could be harmed, existing controls, the seriousness of the risk/injury, any further action needed to control the risk, who is responsible for what action, when/how often will the action be undertaken, and how this will be monitored and checked and by whom.
- The manager is responsible for ensuring risk assessments are followed correctly. All staff have access to training on understanding the importance of risk assessments, which includes understanding the process of compliance and how to complete assessments correctly and to a high standard.
- The setting carries out written risk assessments regularly. These are regularly reviewed and cover potential risks to children, staff and visitors at the setting.
- When circumstances change in the setting, e.g. a significant change to procedure or pieces of equipment is introduced; we review our current risk assessment or conduct a new risk assessment dependent on the nature of this change.
- Our risk assessment process covers:
  - 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 time-scales for action, the person responsible for the action and any funding required.
- Our risk assessments are based on the 5 Steps. This model uses numerical values to calculate the levels of risk.
- The risk rating allows us to identify the level of risk and prioritise our actions, as well as identifying how our control measures have reduced a risk further. That doesn't mean that we only consider the higher risk – we should be reducing the risk to as low as reasonably practicable across the setting. It is easy to become focused on 'scoring' a risk assessment – we should be mindful when completing a risk assessment that the focus is on the hazards and control measures in place – the scoring is then just a reflection of how well those hazards can be controlled.
- For more information please refer to our risk assessment handbook.

#### Carrying out a risk assessment

- Our manager and supervisors ensures that staff members review and carry out the following risk assessments:
  - Toilets & washrooms
  - Effects of Alcohol and drugs
  - Coronavirus & Viruses
  - Data Protection
  - COSHH
  - Infection Control, First Aid & Skin Disorders
  - Kitchen & Prep Rooms
  - Manual Handling
  - Lone Working
  - Toys & Educational Resources
  - Playground, Outside Equipment & Our Environment
  - Outings & Organised Trips
  - Stress
  - Car Park
  - Missing & Uncollected Child
  - Stinging, Biting by Insects, Animals Humans
  - Apprentices & Vulnerable
- When completing a risk assessment we simply assign a value of:
  - No Controls: 1-5 for the hazard with 'no controls' potential for causing harm
  - Controlled: 1-5 for the hazard with controls currently in place 'controlled' reducing the potential for causing harm.
  - Understanding the value: 1 being the lowest value, 5 being the highest. The two figures are then multiplied to achieve a risk rating score: NoC x C = R.
  - The letter 'R': is the overall risk level.

Assessing current risk level			
No Controls		Controlled	
Rating	Guide words	Rating	Guide words
1	Extremely unlikely	1	No/Minor harm
2	Unlikely	2	Moderate harm
3	Likely	3	Serious harm
4	Extremely likely	4	Major harm
5	Almost certain	5	Catastrophic

## 3.3 Fire safety & No smoking

### Policy

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

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the EYFS in making our setting a no-smoking environment - both indoor and outdoor.

### Procedures

- We make sure the setting is a safe environment for children, parents, staff and visitors through our fire safety policy and procedures.

#### Designated people

**Our fire marshal** (the Manager) who leads fire safety in the setting is:

- The manager makes sure the premises are compliant with fire safety regulations, including following any major changes or alterations to the premises and seeks advice from the local fire safety officer as necessary.
- The manager has overall responsibility for the fire drill and evacuation procedures. These are carried out and recorded for each group of children every three months or as and when a large change occurs, e.g. a large intake of children or a new member of staff joins the nursery. These drills will occur at different times of the day and on different days to ensure evacuations are possible under different circumstances and all children and staff participate in the rehearsals.
- The manager ensures the following timescales and checks are completed:

	Who checks	How often
Escape route/fire exits (all fire exits must be clearly identifiable)	All staff	Continuously
Fire doors closed, in good repair, doors free of obstruction and easily opened from the inside	All staff	Continuously
Fire extinguishers and blankets	Manager / deputy manager / chef	Annually
Smoke alarms	Manager / deputy manager	Quarterly
Fire alarms	Manager / deputy manager / supervisors	Quarterly
Emergency lighting	Manager / deputy manager	Quarterly
Fire Assembly point sign/ area	Manager	Quarterly

Fire assembly point location:

- The manager has experience, and receives training in fire safety, sufficient to be competent to carry out the risk assessment; this will follow the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
  - Our fire safety risk assessment focuses on the following for each area of the setting:
    - Electrical plugs, wires and sockets.
    - Electrical items.
    - Gas boilers.
    - Cookers.
    - Matches.
    - Flammable materials – including furniture, furnishings, paper etc.
    - Flammable chemicals.
    - Means of escape.
    - Anything else identified (refer to risk assessment folder).
- 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.

#### Registration

- An accurate record of all staff and children present in the building must be kept at all times and children/staff must be signed in and out on arrival and departure. An accurate record of visitors must be kept in the visitor's log. These records must be taken out along with the register and emergency contacts list in the event of a fire.

#### Fire drill procedure

- On discovering a fire:
  - Calmly raise the alarm by breaking the alarm glass.
  - Immediately evacuate the building under guidance from the manager on duty.
  - Head count children in your care. Do not leave children unattended.
  - Communicate effectively with working colleagues. An adult leading and a adult at the back.
  - Using the nearest accessible exit, lead the children out, assemble at the fire assembly point location.
  - Close all doors behind you wherever possible.
  - Be calm and take your time when walking down stairs. Follow emergency lighting directing to the nearest exit.
  - Supervisors (and/or available workforce) to assist in evacuating babies.
  - Staff to assist with evacuating children or adults with mobility difficulties.
  - Complete and check registers.
  - Do not stop to collect personal belongings on evacuating the building.
  - Do not attempt to go back in and fight the fire.
  - Do not attempt to go back in if any children or adults are not accounted for.
  - Wait for emergency services and report any unaccounted persons to the fire service/police. Ask children to sit on the floor whilst waiting.
  - Follow the instructions of emergency services.
  - Staff to take lifesaving medication when evaluating. (e.g. Insulin).

- If you are unable to evacuate safely:
  - Stay where you are safe.
  - Keep the children calm and together.
  - Wherever possible alert the manager of your location and the identity of the children and other adults with you.
  
- The manager is to:
  - Electronic device to have access to: children's register, staff register, keys, visitor log and emergency contacts list.
  - To take out a mobile phone.
  - Telephone emergency services: dial 999 and ask for the fire service.
  - In the fire assembly point /area, check the children against the register.
  - Account for all adults: staff and visitors.
  - Advise the fire service of anyone missing, and possible locations, and respond to any other questions they may have.
  - Contact area-manager / director.  
They will have access to all information to support with contacting parents. Customer Care to assist.

#### Fire Drills

- When performing a fire drill record:
  - The date and time of the drill.
  - The number of adults and children involved.
  - How long it took to evacuate.
  - Whether there were any problems that delayed evacuation.
  - Any further action taken to improve the evaluation procedure.

#### No smoking policy

- We are committed to promoting children's health and well-being. This is of the utmost importance for the setting. Smoking has proved to be a health risk and therefore in accordance with legislation, the childcare setting operates a strict no smoking policy within its buildings and grounds. It is illegal to smoke in enclosed places.
- All persons must abstain from smoking while on the premises. This applies to staff, students, parents, carers, contractors and any other visitors to the premises. All staff, parents and volunteers are made aware of our no-smoking policy.
- We display no-smoking signs.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff conform to guidance outlined in our employee and health & safety handbooks.
- Staff accompanying children outside the setting, are not permitted to smoke. We also request that parents accompanying children on outings refrain from smoking while caring for the children.
- Staff who smoke do not do so during working hours. Unless on a break and off the premises. Staff must not smoke whilst wearing uniform as it is essential that staff are positive role models to children and promote a healthy lifestyle. If staff choose to smoke during breaks they are asked to change into their own clothing and smoke away from the main entrance.
- 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. If odour is evident staff are sent home immediately, unpaid and the disciplinary process will proceed.
- Staff may check children's bags routinely.
- We advise parents to ensure no tobacco, smoking materials and or devices (vaping) are stored in children bags or in an area accessible to the children.
- We do not accept 'vapour smoking' on our settings. This is prohibited and is seen as a form of gross misconduct.
- Staff understand they cannot smoke when on visits or outings.
- Staff must not smoke in company uniform.
- We respect that smoking is a personal choice, although as an organisation we support healthy lifestyles. We aim to help staff and parents to stop smoking by:
  - Providing details of the NHS quit smoking helpline - [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)
  - Offering information regarding products that are available to help stop smoking
  - Offering counselling for staff



## 3.4 Manual handling

### Policy

We recognise that staff need to carry out manual handling, especially in relation to lifting children. A variety of injuries may result from poor manual handling and staff must all be aware and adhere to the setting's manual handling policy. We instruct all staff in correct handling techniques and expect them to follow these to minimise the risks of injury.

We know that lifting and carrying children is different to carrying static loads and therefore our manual handling training reflects this. All staff will receive training in manual handling within their first year of employment and will receive ongoing training as appropriate.

### Procedures

#### *Preventing injuries*

As with other health and safety issues, we recognise that the most effective method of prevention is to remove or reduce the need to carry out hazardous manual handling. Wherever possible, we review the circumstances in which staff have to carry out manual handling and re-design the workplace so that items do not need to be moved from one area to another.

Where manual handling tasks cannot be avoided, for example lifting children, we carry out a risk assessment by examining the tasks and deciding what the risks associated with them are, and how these can be removed or reduced by adding control measures.

Our manual handling assessment considers the following:

- The tasks to be carried out
- The load to be moved (including moving children)
- The environment in which handling takes place
- The capability of the individual involved in the manual handling.

We expect staff to use the following guidance when carrying out manual handling in order to reduce the risk of injury.

#### *Planning and procedure*

- Think about the task to be performed and plan the lift.
- Consider what you will be lifting, where you will put it, how far you are going to move it and how you are going to get there.
- Never attempt manual handling unless you have read the correct techniques and understood how to use them.
- Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury.
- Assess the size, weight and centre of gravity of the load to make sure that you can maintain a firm grip and see where you are going.
- Assess whether you can lift the load safely without help. If not, get help or use specialist moving equipment e.g. a trolley. Bear in mind that it may be too dangerous to attempt to lift some loads.
- If more than one person is involved, plan the lift first and agree who will lead and give instructions.
- Plan your route and remove any obstructions. Check for any hazards such as uneven/slippery flooring.
- Lighting should be adequate.
- Control harmful loads – for instance, by covering sharp edges or by insulating hot containers.
- Check whether you need any Personal Protective Equipment (PPE) and obtain the necessary items, if appropriate. Check the equipment before use and check that it fits you.
- Ensure that you are wearing the correct clothing, avoiding tight clothing and unsuitable footwear.
- Consider a resting point before moving a heavy load or carrying something over any distance.

#### *Carrying children*

- We encourage all children, where age and developmentally appropriate, to be independent. Carrying children is kept to a minimal.
- If the child is old enough, ask them to move to a position that is easy to pick up, and ask them to hold onto you as this will support you and the child when lifting.
- Consider how you hand a child and if necessary. Staff to make own judgement as they know their bodies and abilities themselves. However, we advise to seek training and advice.
- Wherever possible, avoid carrying the child a long distance.
- Where a child is young and is unable to hold onto you, ensure you support them fully within your arms.
- Avoid carrying anything else when carrying a child. Make two journeys or ask a colleague to assist you.
- If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing.
- Students and pregnant staff members will not carry children.

#### *Position*

- Stand in front of the load with your feet apart and your leading leg forward. Your weight should be even over both feet. Position yourself, or turn the load around, so that the heaviest part is next to you. If the load is too far away, move toward it or bring it nearer before starting the lift. Try to prevent twisting your body.

#### *Lifting*

Always lift using the correct posture:

- Bend the knees slowly, keeping the back straight.
- Tuck the chin in on the way down.
- Lean slightly forward if necessary and get a good grip.
- Keep the shoulders level, without twisting or turning from the hips.
- Try to grip with the hands around the base of the load.
- Bring the load to waist height, keeping the lift as smooth as possible.

#### *Moving the child or load*

- Move the feet, keeping the child or load close to the body.
- Proceed carefully, making sure that you can see where you are going.
- Lower the child or load, reversing the procedure for lifting.
- Avoid crushing fingers or toes as you put the child or load down.
- If you are carrying a load, position and secure it after putting it down.
- Make sure that the child or load is rested on a stable base and in the case of the child ensure their safety in this new position.
- Report any problems immediately, for example, strains and sprains. Where there are changes, for example to the activity or the load, the task must be reassessed.

### *The task*

- Carry children or loads close to the body, lifting and carrying the load at arm's length increases the risk of injury.
- Avoid awkward movements such as stooping, reaching or twisting.
- Ensure that the task is thought out thoroughly and managed and that procedures are followed.
- Try never to lift loads from the floor or to above shoulder height. Limit the distances for carrying.
- Minimise repetitive actions by re-designing and rotating tasks between staff, (for example completing nappy changing).
- Ensure that there are adequate rest periods and breaks between tasks.
- Plan ahead – use teamwork where the load is too heavy for one person.

### *The environment*

- Ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable.
- Remove obstructions and ensure that the correct equipment is available.

### *The individual*

- Never attempt manual handling unless you have been trained and given permission to do so
- Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury.
- Where applicable and age/stage appropriate, encourage children to use ladders up to the changing table for nappy changes rather than lifting. Where this is not appropriate always follow the lifting process

### *Health and Safety in the Office*

We take the welfare of our employees seriously and put safeguards in place to help protect the health and safety of all employees. This includes any staff who are required to undertake office duties as part of their role including sitting at a computer.

We carry out risk assessments to assess any health and safety risks to employees carrying out office duties and provide appropriate equipment for their role.

Staff using computers can help to prevent health problems in the office by:

- Sitting comfortably at the correct height with forearms parallel to the surface of the desktop and eyes level with the top of the screen.
- Maintaining a good posture.
- Changing position regularly.
- Using a good keyboard and mouse technique with wrists straight and not using excessive force.
- Making sure there are no reflections or glare on screens by carefully positioning them in relation to sources of light.
- Adjusting the screen controls to prevent eyestrain.
- Keeping the screen clean.
- Reporting to their manager any problems associated with use of the equipment.
- Planning work so that there are breaks away from the workstation.

Seating and posture for typical office tasks:

- Good lumbar support from the office seating.
- Seat height and back adjustability.
- No excess pressure on underside of thighs and backs of knees.
- Foot support provided if needed.
- Space for postural change, no obstacles should be under the desk.
- Forearms approximately horizontal.
- Minimal extensions, flexing or straining of wrists.
- Screen height and angle should allow for comfortable head position.
- Space in front of keyboard to support hand/wrists during pauses in typing.

If an employee requires additional support, please let the manager know as soon as possible.



## 3.5 Outings, transportation & commuting

### Policy

We offer children a range of local outings including walks and visits off the premises. We believe that planned outings and visits complement and enhance the learning opportunities inside the settings environment and extend children's experiences. We always seek parents' permission for children to be included in such outings.

Children benefit from being taken outside of the premises on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. We 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.

### Procedures

Visits and outings are carefully planned using the following guidelines, whatever the length or destination of the visit:

- A pre-visit checklist, full risk assessment and outings plan will always be carried out by a senior member of staff before the outing to assess the risks or hazards which may arise for the children, and identify steps to be taken to remove, minimise and manage those risks and hazards. We will endeavour to visit the venue prior to the visit. This will ensure that the chosen venue is appropriate for the age, stage and development of the children.
- Written permission will always be obtained from parents before taking children on trips.
- We provide appropriate staffing levels for outings dependent on an assessment of the safety and the individual needs of the children.
- At least one member of staff will hold a valid and current paediatric first aid certificate and this will be increased where risk assessment of proposed activity deems it necessary.
- A fully stocked first aid kit will always be taken on all outings along with any special medication or equipment required.
- A completed trip register, together with all parent and staff contact numbers, will be taken on all outings.
- Regular headcounts will be carried out throughout the outing. Timings of headcounts will be discussed in full with the nursery manager prior to the outing.
- All staff will be easily recognisable by other members of the group; they will wear the nursery uniform and/or high visibility vests/jackets.
- Children will be easily identified by staff when on a trip by use of a sticker system. Included on this sticker will be: the setting name, number and mobile number.
- A fully charged mobile phone will be taken as a means of emergency contact.
- In the event of an accident, staff will assess the situation. The manager will be contacted. If required, the group will return to the setting immediately and parents will be contacted to collect their child. In the event of a serious accident an ambulance will be called at the scene, as well as parents being contacted. One member of staff will accompany the child to the hospital, and the rest of the group will return to the setting.

#### *Risk assessment for outings*

The full risk assessment and outing plan will be sent to parents before giving consent. This plan will include details of:

- The name of the designated person in charge - the outing leader.
- The name of the place where the visit will take place.
- The estimated time of departure and arrival.
- The number of children, age range of children, the ratio of staff to children, children's individual needs and the group size.
- The equipment needed for the trip, i.e. first aid kit, mobile phone, coats, safety reins, pushchairs, rucksack, packed lunch etc.
- Staff contact numbers.
- Method of transportation and travel arrangements (including the route).
- Financial arrangements.
- Emergency procedures.
- The name of the designated first aider and the first aid provision.
- Care plan and child's risk assessments if required.

#### *Use of vehicles for outings*

- All staff members shall inform parents in advance of any visits or outings involving the transportation of children away from the setting.
- The arrangements for transporting children will always be carefully planned, and where necessary, additional people will be recruited to ensure the safety of the children. This is particularly important where children with disabilities are concerned.
- All vehicles used in transporting children are properly licensed, inspected and maintained.
- Regular checks are made to the settings vehicle e.g. tyres, lights etc. and a logbook of maintenance, repairs and services is maintained.
- The settings vehicle is to be kept in proper working order, is fully insured for business use and is protected by comprehensive breakdown cover.
- Drivers of vehicles are adequately insured.
- All vehicles used are fitted to the supplier's instructions with sufficient numbers of safety restraints appropriate to the age/weight of the children carried in the vehicle. Any minibuses/coaches are fitted with 3-point seat belts.
- When we use a minibus, we check that the driver is over 21 years of age and holds a Passenger Carrying Vehicle (PCV) driving licence. This entitles the driver to transport up to 16 passengers.
- When children are being transported, we maintain ratios.
- When planning a trip or outing using vehicles, we check:
  - Drivers licenses, MOT certificates and business insurance.
  - Ensure seat belts, child seats and booster seats are used.
  - Ensure the maximum seating is not exceeded.
  - All children will be accompanied by a registered member of staff.
  - No child will be left in a vehicle unattended.
- Extra care will be taken when getting into or out of a vehicle.
- The vehicle will be equipped with a fire extinguisher and emergency kit containing warning triangle, torch, blankets, wheel changing equipment etc.
- All trip(s) / outing(s) routes are checked and planned in advance to avoid traffic, extra / avoidable journeys or experiencing delays.

#### *Missing children*

- In the event of a child being lost, the missing child procedure will be followed. Any incidents or accidents will be recorded in writing and Ofsted will be contacted and informed of any incidents.
- There may be opportunities for parents to assist on outings. The manager will speak to parents prior to the visit regarding health and safety and code of conduct.
- In the event of an emergency whilst out on a visit, we encourage staff to find a safe place and remain there until the danger passes.
- Each outing will have a detailed risk assessment, which covers all these risks and is planned ahead. This could cover other risks such as extreme weather, emergency (such as an ill or injured child) etc.

### School delivery & collection

As part of our school club we offer a school delivery and collection service. In order to keep children safe and secure during this transition we will abide by the following procedures:

- A full visual risk assessment will always be carried out by a member of staff to assess the risks or hazards which may arise for the children, and identify steps to be taken to remove, minimise and manage those risks and hazards. The practical risk assessment will be based on the usual route and an alternative route in case the usual route is inaccessible.
- If the collection is to take place using a company vehicle a visual risk assessment will be carried out by a member of staff assessing the vehicle for damage, risks or hazards, minimising the risk to children.
- The setting will provide relevant car seats in company vehicles for children who require them.
- The settings manager is responsible for assessing the availability and may provide additional services beyond our normal means, this is evaluated on a case-by-case basis.
- Due to staffing ratios and fuel costs it is not possible to deliver or collect children at multiple or different times of an individual day from a school. The manager reserves the right to reject a request if it is not practically possible or safe for the setting to run effectively.
- All children must be fully registered on Nursery in a Box (NIAB) prior to commencing this service. Written permission is required from parents for the school collection via NIAB.
- The school are offered a full list of children who are attending the school club, together with the staff from the setting, who will be collecting them. Parents are advised to communicate effectively with the school directly and inform them of our service.
- All staff will have photo identification to enable the school to release the children to the correct adults. *(For example: passport or drivers' licence)*. The photographic ID is to match the designated person who the school has been told (in advance) is collecting the child/ren. As a further precautionary measure a password can also be used.
- The staff will have a register which will be completed on delivery and collection of the children and checked again once they have returned to the setting. Digital registers on NIAB must be completed.
- Children are required to:
  - Wear high vis jacket.
  - Be paired up to walk back to the setting.
  - Walk, encouraged not to run and stay as a group.
  - Stay always within sight and hearing distance.
- Head counts will be completed periodically during the travel back to the setting, the frequency is decided upon group size and distance.
- We provide appropriate staffing levels for school pickups dependent on an assessment of the safety and the individual needs of the children.
- All registrations are assessed on an individual basis based on what the setting can offer.
- Children with complex needs or SEND will be required to provide a care plan and applicable additional fees/funding will need to cover an enhanced provision / smaller (potential 1-to-1 service).
- We currently do not have the ability to support wheelchair access in to our vehicles, however parents may organise their own alternative transportation safety to and from the setting.
- All parent and staff contact numbers will be assessable on school pick-ups.
- Children are required to attend a taster session to meet the designated staff member who is collecting them. All staff will be easily recognisable by other members of the group; they will wear the company uniform and/ or high visibility vests/jackets.
- At least one member of staff will hold a valid and current paediatric first aid certificate.
- A first aid box will always be taken along with any special medication or equipment required. This is stored on the minibuses or within the collection bag if staff will be walking.
- A fully charged mobile phone will be taken as a means of emergency contact.
- In the event of an accident, staff will assess the situation. If additional support is required, they will contact the setting manager. In the event of a serious accident an ambulance will be called to the scene, and parents will be contacted. One member of staff will accompany the child to the hospital, and the rest of the group will return to the setting. All accidents and incidents are record on NIAB.

- Our safeguarding policy will be followed in the case of a disclosure during the journey to the setting. Referral will be made in accordance with our procedure.
- The setting assesses the weather conditions, (e.g. snow, hot weather, heavy rains) in advance and informs parents as soon as reasonably possibly of any changes in routine.
- In the event a service is unable to take place, the manager will seek to contact the parent(s) verbally and also follow up with a notification in writing. A refund is then provided for failure to collect.



## 3.6 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. We ensure that where medicines are necessary to maintain the health of the child, they are given correctly and in accordance with legal requirements. In many cases, it is possible for children's GP's 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 no adverse effect as well as to give time for the medication to take effect. The key person is responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that permissions have been obtained and the 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, a supervisor or the Manager is responsible for the overseeing of administering medication.

### Procedures

*Understanding 'prescription' & 'non-prescription' medicines:*

*What are prescription medicines?*

A prescription medicine is a medicine that can only be made available to a patient on the written instruction of an authorised health professional, for example a doctor.

*What are non-prescription medicines?*

Over-the-counter medicines can be bought from pharmacies without a prescription. We class this as 'non-prescribed medicines'. Some over-the-counter medicines can also be bought from supermarkets and other retail outlets. These medicines include those used to treat minor illnesses that a parent and/or carer may feel are not serious enough to see a doctor.

*Permission(s) for administering Medicines:*

- Parents and/or carers must provide information about their child's needs for medicines and keep this information up to date on their ParentAdmin account.
- Parents and/or carers notify the setting of any changes in writing using ParentAdmin and sends a notification alongside any relevant information/ supporting documentation. Here is the link: <https://uk.parentadmin.com/login.php>
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer.

Written permission must be obtained by the parent and/or carer for:

- Parent and/or carer provide written permission for particular 'prescription medicines' to be administered by our staff.
- Parent and/or carer provide written permission for particular 'non-prescription medicines' to be administered by our staff.
- Parent and/or carer provide written permission for Emergency 'non-prescription' CALPOL® (Infant Suspension, which contains paracetamol) to be administered in line with instruction/ dosage on the product and by a Manager and/ or Supervisor in the case of a high temperature. This is to prevent febrile convulsion.
- Parent and/or carer provide written permission that in an emergency based on seeking medical professional advice (999) particular 'prescription or non-prescription medicines' to be administered by our staff and/or NHS services, which include NHS first response. Requirement of registration.

*The right to refuse childcare:*

- Children taking prescription or non-prescription medicines must be well enough to attend the setting. The setting reserves the right, (and in its absolute discretion), to refuse admission to the premises until we are satisfied that there is no risk of cross infection and that the child is well enough to be in setting.
- Children displaying main symptoms identified on the 'at risk' list notified by the government.

- If the setting feels the child would benefit from medical attention rather than non-prescription medication, the setting reserve the right to refuse childcare until the child is seen by a doctor.
- Children cannot have medicine for more than three consecutive days without parents and/or carers speaking to the child's doctor.
- If the child requires a care plan, the setting reserves the right to temporarily refuse childcare until training and/or advice is sort to ensure staff are adequately prepared to support said child. In these circumstances the parent(s) and/or carer must provide contact details of multi-agencies involved so that the setting can access the support required.

*Administering particular 'prescription or non-prescription' medication:*

- Written permission must be obtained on ParentAdmin by the parent(s) and/or carer(s) for particular prescription or non-prescription medicine to be administered by our staff.
- 'Prescription medicines' must not be administered unless they have been prescribed for a child by a doctor, (or other medically qualified person).
- On receiving the prescription medication, a member of staff must:
  - Check prescription or non-prescription medicines are stored in their original container. If prescribed, the label must be clear and visible with the child's name on.
  - Check child's name is clear on the container.
  - Check the medication is in date.
  - Check that the prescribed or non-prescribed medication is specifically for the current use.
  - The parent(s) and/or carer(s) has provided written permission for particular 'prescription or non-prescription' medicine to be administered by our staff.
  - Check that the completed form(s) is stored away correctly (out of sight).
  - That the instructions and dosage/ recommendations are being followed in line with month/ age, of child in line with the medication instructions.
  - That an 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' is completed, and information is recorded. The setting must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.
- If any of the following checks are not met, then the setting reserves the right to refuse childcare until the child is seen by a doctor.
- Medicines containing aspirin should only be given if prescribed by a doctor.
- The setting will not administer any non-prescription medication containing aspirin.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.

#### *Ensuring data is accurate*

- On registration, parents/ carers will be asked if they would like to provide written permission and consent for their child to be given a specific type of liquid paracetamol in particular circumstances, in the case of a high temperature. This is to prevent febrile convulsion.
- The setting has the right to refuse a childcare place if written permission is not obtained by the parent and/or carer.
- The setting will only provide one specific type of medication should parents wish to use this. The product we use is: CALPOL® Infant Suspension, (which contains paracetamol) and issued in individual 5ml doses.

Link: <https://www.calpol.co.uk/our-products/calpol-infant-suspension>

- Prior to administering the non-prescription CALPOL® Infant suspension medicine, the manager and/ or supervisor checks:
  - That the child has a high continuous and/or increase in temperature .
  - The parent(s) and/or carer(s) has provided written permission for Administering Emergency 'non-prescription' CALPOL® (Infant Suspension, which contains paracetamol) to be administered in line with instruction/ dosage on the product and by a manager and/ or Supervisor in the case of a high temperature. This is to prevent febrile convulsion.
  - Child's temperature is checked at regular intervals by a designated trained paediatric first aider.
  - The parent(s) and/or carers are contacted to seek verbal consent prior to administering medicine.
  - That is stored in the original container.
  - Clearly labelled and with the instructions.
  - The medication is in date.
  - That the following instructions and dosage/ recommendations are being followed in line with month/ age of child in line with the medication instructions.
  - That 'ADMINISTERING MEDICINES RECORD FORM' is completed, and information is recorded.
  - The setting must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.
- If a child does exhibit the symptoms, for which consent has been given to give non-prescription CALPOL® infant suspension medicine, then the setting will make every attempt to contact the child's parents. Where parents cannot be contacted, then the settings manager and/or supervisor will contact 111 and follow medical advice.
- In emergency our workforce will immediately call 999 and follow the advice from the senior medical professional.
- The settings manager and/or supervisor will take the decision as to whether the child is safe to have this medication based on the time the child has been in the setting, the circumstances surrounding the need for this medication, and the medical history of the child identified on their registration form.

#### *Training:*

- Training must be provided for staff where the administration of medicine requires medical or technical knowledge.
- If rectal diazepam is given, another member of staff must be present and co-signs the medical documents.
- 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.

#### *Children who have long term medical conditions and who may require on ongoing medication:*

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents/ carers 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.
- 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 training needs 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.
- 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.
- An individual health plan for the child is drawn up with the parent/ carers outlining the key person's role and what information must be shared with other adults who care for the child.
- The individual health plan should include the measures to be taken in an emergency.
- We review the individual health plan 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.
- Parents receive a copy of the individual health 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.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' recording when it has been given.
- On returning to the setting the 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' is signed by the parent/ carers. All documentation of records are kept.
- 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, name of the medication. Inside the box is a copy of the 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

#### Permission(s) for administering Inhalers:

- Parents and/or carers must provide information about their child's needs for inhalers and keep this information up to date on their ParentAdmin account.
- Parents and/or carers notify the setting of any changes in writing using ParentAdmin and sends a notification alongside any relevant information/ supporting documentation. Here is the link: <https://uk.parentadmin.com/login.php>
- Inhalers must only be administered to a child where written permission for that inhaler has been obtained from the child's parent and/or carer. 'ADMINISTERING INHALER CONSENT FORM' and 'ADMINISTERING INHALER RECORD FORM' to be completed by parent / guardian prior to use. (Letter from Doctor if applicable).
- Parent and/or carers are to provide guidance/ instructions on how to administer the inhaler to their child. If necessary, seek professional guidance.
- Inhaler and spacer to be labelled clearly with child's name.
- Written permission must be obtained by the parent and/or carer for:
  - You (parent and/or carer) provide written permission for child's inhaler to be administered by our staff.
  - You (parent and/or carer) understand the setting and its workforce are unable to administer a preventative inhaler. (Contains steroid medicine).

#### Administering inhaler:

- Make sure the child is in a comfortable position.
- Check 'ADMINISTERING INHALER CONSENT FORM' and 'ADMINISTERING INHALER RECORD FORM' for dosage and use by date.
- Prepare spacer and mouthpiece.
- Shake inhaler.
- Connect inhaler into mouthpiece.
- Place mouthpiece over child's mouth and nose then administer inhaler.
  - 1 puff hold for ten seconds, unless stated differently.  
(Child will breathe in and out)
- Remove inhaler from mouthpiece shake and repeat.
- 'ADMINISTERING INHALER RECORD FORM' to be completed and countersigned by staff.
- Ventolin takes approximately fifteen minutes to take effect

#### When to administer inhalers:

Side effects / symptoms maybe:

- Wheezing.
- Coughing.
- Stomach moving up and down.
- Base of throat sunken in (dial 999).

In an emergency give ten puffs of Ventolin and then 1 puff every minute until ambulance arrives. You cannot overdose.

Care of inhalers and spacers:

- Wash in soapy water once a week. Drain do not dry.
- Store mouthpiece in spacer.
- If used daily spacer to be changed every 6 months.

#### Procedure for child carry's and/or taking own inhaler:

- Parent/ carer to sign 'ADMINISTERING INHALER CONSENT FORM' and 'ADMINISTERING INHALER RECORD FORM' prior to child being collected.
- Staff collecting children for school club are to ensure the child's inhaler is with them prior to departure. On return to the setting the inhaler is to be placed in the locked medicine cabinet.
- Parent can provide written permission via notification for a school club child to hold/ carry and administer own inhaler but supervised by a member of staff.
- Staff to assess if the child needs their inhaler.
- Child must always administer inhaler with a staff member present.
- Check the inhaler for the following:
  - Correct medication.
  - Expiry date.
  - That the inhaler is not blocked.
  - Record the time and dosage.
  - Staff to countersign.
  - Staff to check the child's condition every ten minutes and record.
  - The 'ADMINISTERING INHALER RECORD FORM' is to be signed by a parent on arrival.



## 3.7 Managing children who are sick, infectious, or have allergies

### Policy

We aim to 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 trigger.

### Procedures

#### *Children who are sick or infectious*

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the staff inform the manager and call the parents / carers and ask them to collect the child, or to 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/ electronic device, kept in the first aid cabinet.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents / carers sign the medication record when they collect their child.
- In extreme cases of emergency, an ambulance is called and the parent / carers informed.
- Parents / carers are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea and vomiting, we ask parents/ carers keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve food where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from

#### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, 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 contacts Public Health England, and act[s] on any advice given.

#### *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.

Staff take the following action:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves when handling clothing after changing. Dispose of gloves after use.
- Soil clothes will be bagged for when parents collect.
- Clear spills of blood, urine, faeces or vomit using mild anti-bacterial solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a anti-bacterial.
- Whilst tooth brushing is encouraged at home and through activities in the setting, we do not practice toothbrushing within the setting due to cross-contamination.

#### *Nits and head lice*

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent / carers to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents / carers ask them to treat their child and all the family if they are found to have head lice.

#### *Procedures for children with allergies*

- When children start at the setting, we ask their parents /carers if their child/ren suffer from any known allergies. This is recorded on the Registration profile (NIAB).
- If a child has an allergy, we complete a risk assessment form 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 measures.
- This risk assessment form is kept on the child's log. Copy kept in kitchen.
- We are a 'nut free zone' no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, 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 treatments; written confirmation from your insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
  - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
  - We must be provided with clear written instructions on how to administer such medication.
  - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
  - We must have the parents / carers prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments:
- These include 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).

We 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 carers allowing our 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.
  - Copies of all documents relating to these children must first be sent by the manager of the settings insurance company. Written confirmation that the insurance has been extended will be issued by return. Further information may need to be provided.
  - Key person for special needs 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 receiving appropriate instructions from parents or carers.
  - If we are unsure about any aspect, the manager contacts our insurance company.

*Notifying us of child's sickness / absence*

- Parents / carers must notify us on the day of child's attendance if their child is sick and unable to attend their regular session.
- Parents / carers do this by logging into their ParentAdmin account/ app.
- Once a notification has been sent this gets automatically sent directly to the our workforce. Staff check the register and communicate via notifications or phone to monitor child's sickness.
- If the child attends our school club services (breakfast and/or after-school) we kindly ask parents /carers to also verbally call us to ensure the team take account of the absent child.



## 3.8 Recording and reporting of accidents and incidents

### Policy

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (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

#### Our Accident & Incident procedure:

- Accident and incident reports are completed on Nursery-in-a-box (NAIB) and are kept safely and accessibly, (password protected). The content is kept private and confidential. The following report is not to be made viewable or discussed with the public or any other parent.
- Staff are careful when explaining about accidents or incidents which other children have been involved in.
- Accident and incident reports are accessible to all staff. In the event that the NIAB childcare system is unavailable we ask all employees to access the paper format which is saved on the 'Onedrive network' under daily and weekly risk assessments. However, the report still needs to be recorded on the NIAB. It is recommended that supervisors keep these accessible.
- An incident/ accident is clearly explained, providing a detailed message.
- An incident/ accident report is completed immediately (or as soon as reasonably practicable).
- An incident/ accident report is dated and timed;
- Incident/ accident form are reviewed and signed by a qualified paediatric first aider.
- In the event that a member of staff requires support completing a form(s) they must consult with their supervisor or line manager accordingly prior to the parent collecting.
- In the event of a head injury the parent/ carer is informed immediately verbally via phone and this is followed up in writing via notification.
- The parent/ carer signs, acknowledges and dates the accident/ incident report prior to the child leaving the setting. This can be completed digitally.
- The incident/ accident report is reviewed for content, signed and dated by a member of management. If any issues are identified by the manager the process must be completed again or amended to provide further information. The manager must support and provide training to that individual to ensure they know how to complete the process correctly.

#### Recording & Reporting Accidents (or to agencies):

- 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.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Health and Safety Executive (HSE):
  - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
  - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
  - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for fourteen consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident report. When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.

- Any death, of a child or adult, that occurs in connection with a work-related accident. 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.

#### When to report children's accidents and injuries to Ofsted:

- Registered providers must notify Ofsted of any serious accident, illness or injury to, or death of, any child whilst in our care, and of the action taken. Notification must be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring. Reporting a serious incident is a legal requirement.
- The settings Manager would seek further guidance upon what is 'serious' and/or 'minor' using the following government guidance: <https://www.gov.uk/guidance/childcare-reporting-childrens-accidents-and-injuries#minor-injuries>

#### Serious childcare injuries, accidents and illnesses:

- You must tell Ofsted about any of the following:
  - anything that requires resuscitation.
  - admittance to hospital for more than 24 hours.
  - a broken bone or fracture.
  - dislocation of any major joint, such as the shoulder, knee, hip or elbow.
  - any loss of consciousness.
  - severe breathing difficulties, including asphyxia.
  - anything leading to hypothermia or heat-induced illness.
  - any confirmed cases of coronavirus (COVID-19) in staff or children.
  - Eyes: You must report to Ofsted if a child suffers any loss of sight, whether it is temporary or permanent. You must also tell us about any:
    - penetrating injury to the child's eye
    - chemical or hot metal burn to the child's eye
  - Substances and electricity: If a child in your care suffers any injury from, or requires medical treatment for, any of the following situations you must tell Ofsted:
    - from absorption of any substance:
      - by inhalation
      - by ingestion
      - through the skin
    - from an electric shock or electrical burn
    - where there is reason to believe it resulted from exposure to:
      - a harmful substance
      - a biological agent
      - a toxin
      - an infected material
- Gov Link: <https://www.gov.uk/guidance/childcare-reporting-childrens-accidents-and-injuries#:~:text=As%20an%20Ofsted%2Dregistered%20childminder,a%20child%20in%20your%20care.>
- Must be reported to the area Manager as soon as a serious injury, accident or illness has occurred.
- The Manager & Area Manager then complete a case review collecting all/ any evidence applicable. All contents is kept private and confidential and saved in the Incident folder on the Onedrive.
- The nominated person is informed.

**Minor childcare injuries, accidents and illnesses:**

- You do not need to tell Ofsted about minor injuries, even if treated at a hospital (for less than 24 hours). These include:
  - animal and insect bites, such as a bee sting that doesn't cause an allergic reaction.
  - sprains, strains and bruising, for example if a child sprains their wrist tripping over their shoelaces.
  - cuts and grazes.
  - minor burns and scalds.
  - dislocation of minor joints, such as a finger or toe.
  - wound infections.

**Recording & Reporting Incidents (Including to agencies):**

- We have access to telephone numbers for emergency services, including the local police. Our managers have contact numbers for gas and electricity emergency services, and a carpenter and plumber.
- We ensure that our staff carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- If applicable, on discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager completes a risk assessment (visual or written) on this situation and decides if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting, with the authorisation of the Director.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witnessed the incident, make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident report for recording major incidents, including some of those that are reportable to the Health and Safety Executive. These incidents may include:
  - a break in, burglary, or theft of personal or our setting's property.
  - an intruder gaining unauthorised access to our premises.
  - a fire, flood, gas leak or electrical failure.
  - an attack on an adult or child on our premises or nearby.
  - any racist incident involving families or our staff on the setting's premises.
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises.
  - the death of a child or adult.
  - a terrorist attack, or threat of one.
- When reporting an incident 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 recorded.
- In the 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 our staff will take charge of their key children. The incident is recorded when the threat is averted.

**When to report a serious childcare incident to Ofsted:**

- Registered providers must notify Ofsted of any seriousness incident, regarding any child whilst in our care, and of the action taken. Notification must be made as soon as reasonably practicable, but in any event within 14 days of the incident occurring. Reporting a serious incident is a legal requirement.
- The settings Manager would seek further guidance upon what is 'serious' and/or 'minor' using the following government guidance: <https://www.gov.uk/guidance/report-a-serious-childcare-incident>

**You must inform Ofsted about:**

- the death of a child
- where a person's suitability to look after children might be affected, including:
  - involvement with social services or the police
  - something significant affecting their health
- events that might affect the smooth running of the childcare, such as a fire or flooding at the premises
- serious accidents, injuries or illnesses to a child, including confirmed cases of COVID-19 (coronavirus)
- food poisoning affecting 2 or more children

More information is available on what Ofsted sees as a serious accident, injury or illness that you must report.

**Acknowledgement of Accident or Incident**

- Our parents and/or carers have access to their child's accidents and incidents via ParentAdmin. Parents simply log into their ParentAdmin account to review the accident and incident forms. Once signed and saved this gets automatically sent back to the practitioner and stored.
- On ParentAdmin, parents always can access all accidents and incidents of their child. Link: <https://uk.parentadmin.com/login.php>



## 3.9 Nappy changing

### Policy

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

We make necessary adjustments to our bathroom provision and hygiene practice 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

#### *Nappy Changing Areas:*

- We will use appropriate designated areas for nappy changing which meet the following criteria:
  - Facilities are separate to food preparation and serving areas and children's play areas.
  - Changing mats have a sealed plastic covering and are frequently checked for cracks or tears. If cracks or tears are found, the mat is repaired or discarded. Disposable paper towels are placed in this area / on top of the changing mat for added protection when and if needed.
  - A designated antibacterial spray is labelled and located in this area for the sole use of nappy changing.
  - PPE must be worn. Follow nappy changing procedure.
  - Clean nappies are stored in a clean dry place; soiled nappies are placed in a 'nappy sack' or plastic bag before being placed in the bin. Bins are foot-pedal operated, regularly emptied and placed in an appropriate waste collection area.
  - Where applicable we encourage children to use the steps when accessing and exiting the nappy area. Adult support is required.
  - Changing areas must always be safe for nappy changing.
  - Children are not to be left unsupervised whilst changing a nappy.
  - Each young child has their own basket/ bag with their nappies or 'pull ups' and changing wipes etc...
  - Gloves and aprons (PPE) are put on before changing starts and the areas are prepared.
  - A designated 'NAPPY CHANGING PROCEDURE' poster is displayed to support staff who should follow our 6-step guidance.
  - Each child should have their own creams and lotions. These are supplied by the parent/ carer and must be clearly labelled with the child's name. Prior written permission is obtained from the parent. When applying creams, a gloved hand is used.
- We conduct working practice observations of all aspects of childcare operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes all intimate care routines.
- We conduct regular risk assessments of all aspects of the setting(s) operations including intimate care and reviewing of the safeguards in place. The setting has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.
- Key persons undertake changing young children in their key groups; back up key persons change them if the key person is absent.
- Where necessary employees avoid lifting heavier/ larger or older children and adapt the changing environment to suit the needs of the individual so it is safe.
- If the changing bay has steps, we encourage children to use them, to avoid lifting.
- Key persons do not make inappropriate comments about young children's genitals.
- We work closely with parents on all aspects of the child's care and education. Supervisors alongside their teams introduce a daily routine within their classroom(s). Key persons have an awareness of personalised changing times for the young children in their care who are in nappies or 'pull-ups'.
- It is essential for any intimate care plan or routines, which may require specialist training or support, to be reviewed by a supervisor. If a child requires specific support, the setting will arrange a meeting with the parent/ carer to discover all the relevant information relating to this, to enable the staff to care for the child fully and meet their individual needs.
- We communicate messages through ParentAdmin. We encourage all our parents/ carers to use this interface as it is secure and our main point of communicating and recording messages. Children's nappy changes are documented on the child diaries, including time of change, if cream was applied and if the nappy was wet or soiled.
- We encourage parents to be engaged in the process of potty / training and continue this process with their child at home and keep us informed. Our setting has reward charts to support families with this.
- Our staff use the following form when completing a nappy change. The form simply indicates the 'Child's initial', 'Staff initial', 'Time' and also a 'Key' which we use to identify the following:

#### *Adopting Good Practice:*

- We follow up procedures through supervision meetings and appraisals to identify any areas for development or further training.
- We ensure all staff have an up-to-date understanding of child protection and how to protect children from harm. This includes identifying signs and symptoms of abuse and how to raise these concerns as set out in the Child Protection policy.
- We balance the right for privacy for the children with the need for safeguarding children and adults by making sure intimate care routines do not take place behind closed doors.
- Cameras, tablets and mobile phones are not permitted within toilet and intimate care areas.
- We have a whistleblowing policy to help staff raise any concerns relating to their peers and helping our workforce develop confidence in raising concerns as they arise in order to safeguard the children in the setting.
- We ensure that the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.
- We ensure all staff undertaking nappy changing have suitable Enhanced DBS checks.
- We train all staff in the appropriate methods for nappy changing. Nappy changing training is provided as part of an staff induction process. This is completed by a supervisor or manager.
- We ensure that no child is ever left unattended during the nappy changing time.
- The following 'Nappy Changing Record' form is used for internal use only and our monitoring purposes. We do not share this form with parents/ carers as it has other child's information recorded. These records should be easily accessible.

WET	W
DRY	D
SOLID	S
LOOSE	L
VERY LOOSE	VL
HOLIDAY	H
ABSENT	A

#### *Permission(s) for Nappy Changing:*

- Parents and/or carers must provide information about their child's needs and keep this information up to date on their ParentAdmin account.
- Parents and/or carers notify the setting of any changes in writing using ParentAdmin and send a notification alongside any relevant information/ supporting documentation. Here is the link: <https://uk.parentadmin.com/login.php>
- Written permission must be obtained by the parent and/or carer for applying non-prescription creams by our staff.
- Parent and/or carer is responsible for providing non-prescription creams.
- If a medical prescription product is provided then a 'ADMINISTERING MEDICINES CONSENT FORM' and 'ADMINISTERING MEDICINES RECORD FORM' is completed, and information is recorded.

The setting must keep a written record each time a medicine is administered to a child and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

#### *Safety*

- Key persons are gentle when changing; they avoid pulling negative faces and making negative comments about 'nappy contents'.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.
- We ensure all staff have an up-to-date understanding of Child Protection and how to protect children from harm. This includes identifying signs and symptoms of abuse and how to raise these concerns as set out in the Child Protection policy.
- We take precautionary measures to make sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted. Staff who are pregnant should address any potential issue in writing with their line manager at the earliest opportunity.
- Depending on the behaviour, size, age and weight of a child we may need to change a child on the floor for safety purposes. In these circumstances we place the nappy changing mat on the floor and follow the same 6-step procedure.
- If applicable, apprentices only change nappies with the support and close supervision of a qualified member of staff.
- If any parent/ carer or member of staff has concerns or questions about nappy changing procedures or individual routines, please see the manager at the earliest opportunity.

#### *Supporting Toilet Training:*

- Young children may wear 'pull ups' or other types of training pants as soon as they are comfortable with this, and staff have sort their parents/ carers agreement.
- In addition, key persons ensure that toilet training is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet.
- The children should be encouraged to wash their hands using soap. Staff should always be aware of a child/ren in a toilet facility and should support when necessary. Visual images may be used to support communicating this to children.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Pull-ups' are disposed of hygienically. Any soil (faeces) in pull-ups is flushed down the toilet and the pull-up is bagged and put in the bin. Cloth pull-ups, trainer pants and ordinary pants that have been wet or soiled are not rinsed to avoid the spread of cross-contamination and are bagged for the parent/ carer to take home.
- Our staff introduce reward charts and we encourage parents to continue this reward and recognition strategy at home for continuity.



# NAPPY CHANGING PROCEDURE

When changing a child please follow our 6 step Nappy Changing procedure.



## 1. PREPARE:

- Wash your hands thoroughly with antibacterial soap and water prior to changing a child.
- If applicable, if the child has soiled excessively cover the nappy changing surface with disposable liner (green paper towels).
- Bring your supplies to the changing area (e.g., clean nappy, wipes, cream, gloves, plastic nappy bag for soiled clothing, potentially extra clothes).
- Wear PPE (Personal Protective Equipment), including gloves and apron.



## 2. CLEAN CHILD:

- Remove child's dummy or any toy a child potentially may be holding to minimise cross contamination.
- Place the child on changing surface and unfasten nappy.
- Clean the child's nappy area with disposable wipes. Always wipe front to back!
- Keep soiled nappy/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.
- Place used nappy & wipes in nappy bag. Tie to seal and place to one side. Do not leave child unattended.



## 3. REPLACE NAPPY:

- Slide a fresh nappy under the child.
- Apply nappy cream, if needed.
- Fasten the nappy and dress the child.
- Ensure the child's hands are cleaned thoroughly.
- Return the child safely to a supervised area.



## 4. REMOVE TRASH:

- Remove liner from the changing surface and discard in the bin.
- Discard the nappy bag in the designated nappy bin (must be a peddle bin). Avoid hand contact with the bin.



## 5. CLEAN UP:

- Wipe up any visible soil with a baby wipe.
- Wet the entire surface with the designated anti-bacterial spray for the changing bay area (*Please note: Label and assign an anti-bacterial spray in this area and always wear gloves when using*)
- Once completed clean down, remove and discard gloves and apron.



## 6. WASH YOUR HANDS & IF APPLICABLE TAKE ACTION:

- Wash your hands thoroughly with antibacterial soap and water.
- Return child's contents to designated bag or box.
- If any parent or member of staff has concerns or questions about nappy changing procedures or individual routines, please see the manager at the earliest opportunity for support.
- If you have identified any potential signs and symptoms of abuse immediately raise these concerns as set out in the child protection policy.
- Record the nappy change and discuss any concerns with your Supervisor.

For further information please visit our full Nappy Changing policy & procedures on our website.

[www.earlylearnersnursery.co.uk](http://www.earlylearnersnursery.co.uk)

## 3.10 Food & Drink Safety

### Policy

Our provision regards snack and mealtimes 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 using resources and materials from the 'safer food better business' environmental health standards. At snack and mealtimes, we aim to provide nutritious food, which meets the children's individual dietary needs.

### Procedures

#### *Food & Drink in our settings*

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

- Before a child starts to attend the setting, we find out from parents/ carers their children's 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 their registration record and parents sign the record to signify that it is correct.
  - Parents/ carers are required to update their child's record on NIAB to ensure that our records of their children's dietary needs - including any allergies - are up-to-date.
  - We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
  - 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 parents/ carers' wishes.
  - We plan menus in advance, involving children and parents in the planning.
  - We display the menus of meals/snacks for the information of parents/ carers.
  - We provide nutritious food for all meals and 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:
    - meat, fish and protein alternatives.
    - dairy foods.
    - grains, cereals and starch vegetables.
    - 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. 'Nut Free Zone' signs are displayed at the settings to promote this.
  - Through discussion with parents/ carers, and research 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, and about food allergies. We take account of this information in the provision of food and drinks.
  - We provide a vegetarian alternative on days when meat or fish are offered and make every effort to ensure Halal meat or Kosher food is available for children who require it.
  - 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 their 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.
  - In accordance with parents' wishes, we offer children arriving early in the morning - and/or staying late - an appropriate meal or snack at the settings designated times on NIAB.
- We inform parents/ carers who provide food for their children about the storage facilities available in the setting.
  - Parents/ carers who choose to provide food for their children, are only allowed to bring in food which is sealed with the date, ingredients and instructions clearly labelled. We do not accept precooked food.
  - We reserve the right to stop a parent bringing food to the setting if we have a concern over health and safety standards and the recommendations set by environmental health.
  - In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
  - For each child under two, we provide parents/ carers with daily written information about feeding routines, intake and preferences through child diaries on NIAB.
  - We encourage children to take part in healthy eating activities led by the professional cooks or practitioners.

#### *Food & Drink Stations*

- We ensure each and every classroom has a designated station/ area for serving water and food.
- Our stations are kept clutter free, clean and clearly marked.
- We have fresh drinking water constantly available for the children throughout the day. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We promote self-help skills where possible. Younger children are supported.
- To avoid cross-contamination all drinking cups are cleaned after use. All beakers are faced upwards in a designated storage container preventing any lids from touching. Children do not share cups or beakers.
- Water is provided at all breakfast, snack or mealtimes.
- All bottles, cups and beakers (including lids) are sterilised and cleaned on a hot wash to eliminate any bacteria.
- The setting provides drinking cups/ beakers for children to use. We do not encourage juices from home. We ask that these are not brought into the setting.
- Drinking cups and beakers can be stored in lunch boxes or the child's bag for designed eating times or outings.

## Milk

- Parent(s)/ carer(s) are asked to provide bottles, whilst children are on formula or breast milk. It is the parent(s)/ carer(s) responsibility to ensure that formula milk is measured correctly and provided in a clearly labelled container with the child's name and amount provided.
- We must follow the guidance on 'milk' and 'mixing milk' provided for by Environmental Health (*Safer Food Better Business*) [www.food.gov.uk/business-industry/caterers/sfbb/](http://www.food.gov.uk/business-industry/caterers/sfbb/)
- If applicable we contact our local authority environmental health team for more support.
- Parent/ carer to provide the make/ name/ brand and full information/ instructions of formula used via NAIB.

## Milk Guidance:

- Formula milk should be made up fresh for each feed. If there is any made-up formula milk left after a feed, throw it away.
- Wherever possible staff use a Tommie Timmie prep-machine to make formula bottles. Training will be provided.
- Boil fresh tap water and let it cool, but for no more than half an hour. Always put the boiled water in the bottle first, before the powder.
- Cool the formula quickly to feeding temperature by holding the bottle under cold running water (with the cap on).
- For children who drink milk, we provide whole pasteurised milk or an alternative.
- The setting supports and provides a quiet area for parents who wish to breast feed.
- Expressed breast milk should be stored in the fridge and used within 24 hours. If expressed milk is not kept cold, harmful bacteria may grow in it.

## Packed lunches

Where we cannot provide cooked meals and children are required to bring packed lunches, we:

- Ask parents/ carers to ensure perishable contents of packed lunches contain an ice pack to keep food cool; (*packed lunches cannot be refrigerated*).
- Inform parents/ carers of our policy on healthy eating.
- Encourage parents/ carers to provide sandwiches with a healthy filling, fruit, and milk based deserts, such as yoghurt or crème fraiche. We can only accept cold food from home. We discourage and don't allow sweet drinks and can provide children with water.
- Parents/ carers may provide sugar free squash to support an identified individual child's needs when supported by a dietitian. This is assessed on a case by case basis with the manager and details recorded on NAIB.
- Discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits. We reserve the right to return this food to the parent/ carer as a last resort.
- Provide children bringing packed lunches with plates, cups and cutlery.
- Ensure that adults sit with children to eat their lunch so that the mealtime is a social occasion.
- We direct parents/ carers who want guidance to research the following:
  - <http://www.childrensfoodtrust.org.uk/childrens-food-trust/parents/your-childs-food-at-school/packed-lunches/what-to-put-in-a-lunchbox/>
  - <https://www.nhs.uk/healthier-families/recipes/healthier-lunchboxes/>
  - <https://www.foundationyears.org.uk/wp-content/uploads/2017/11/Healthy-packed-lunches-for-early-years-FACT-SHEET.pdf>
  - <https://www.bbcgoodfood.com/recipes/collection/school-lunch-recipes>
- Tips for keeping packed lunches cool:
  - Use an insulated bag with an icepack from the freezer to pack your child's lunch in on really hot days, or choose a lunchbox with a built-in freezer block.
  - Pop a bottle of water in the freezer overnight to act as an ice pack as it thaws.
  - Ensure lunchbox storage is out of the sun.

## Lunchbox tips



### Keep them fuller for longer

Base the main lunchbox item on foods like bread, rice, pasta and potatoes. Choose wholegrain where you can.



### Freeze for variety

Keep a small selection of different types of bread in the freezer so you have a variety of options – like bagels, pittas and wraps, granary, wholemeal and multigrain.



### DIY lunches

Wraps and pots of fillings can be more exciting for kids when they get to make them. Dipping foods are also fun and a nice change from a sandwich each day.



### Cut back on fat

Pick lower-fat fillings – like lean meats (including chicken or turkey), fish (such as tuna or salmon), lower-fat spread, reduced-fat cream cheese and reduced-fat hard cheese. And try to avoid using mayonnaise in sandwiches.

[See more healthier swap ideas](#)



### Mix your slices

If your child does not like wholegrain, try making a sandwich from 1 slice of white bread and 1 slice of brown bread.



### Always add veg

Cherry tomatoes, or sticks of carrot, cucumber, celery and peppers all count towards their 5 A Day. Adding a small pot of reduced-fat hummus or other dips may help with getting kids to eat vegetables.



### Ever green

Always add salad to sandwiches and wraps too – it all counts towards your child's 5 A Day!



### Cheesy does it...

Cheese can be high in fat and salt, so choose stronger-tasting ones – and use less of it – or try reduced-fat varieties.



### Cut down on crisps

If your child really likes their crisps try reducing the number of times you include them in their lunchbox, and swap for homemade plain popcorn or plain rice cakes instead.



### Add bite-sized fruit

Try chopped apple, peeled satsuma segments, strawberries, blueberries, halved grapes or melon slices to make it easier for them to eat. Add a squeeze of lemon juice to stop it from going brown.



### Tinned fruit counts too

A small pot of tinned fruit in juice – not syrup – is perfect for a lunchbox and easily stored in the cupboard.



### Swap the fruit bars

Dried fruit like raisins, sultanas and dried apricots are not only cheaper than processed fruit bars and snacks but can be healthier too. Just remember to keep dried fruit to mealtimes as it can be bad for teeth.



### Switch the sweets

Swap cakes, chocolate, cereal bars and biscuits for malt loaf, fruited teacakes, fruit breads or fruit (fresh, dried or tinned – in juice not syrup).



### Yoghurts: go low-fat and lower-sugar

Pop in low-fat and lower-sugar yoghurts or fromage frais and add your own fruit.



### Get them involved

Get your kids involved in preparing and choosing what goes in their lunchbox. They are more likely to eat it if they helped make it.



### Variety is the spice of lunch!

Be adventurous and get creative to mix up what goes in their lunchbox. Keeping them guessing with healthier ideas will keep them interested and more open to trying things.



### Plan to Eatwell

The guide shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. It can be really useful when thinking about what goes into kids' lunchboxes.

[The Eatwell Guide](#)

## Example packed lunch menu

Provide a variety of foods from each of the food groups listed on the front page across each week. A week's packed lunch menu might look like this:



Mon

Tuna and sweetcorn pasta salad with red pepper sticks  
Apple slices and plain yoghurt  
Water to drink



Tue

Chicken and potato with salad  
Ginger biscuits with satsumas  
Milk to drink



Wed

Cheese salad wrap  
Banana and raisins  
Water to drink



Thu

Egg salad sandwich  
Seasonal fruit salad with fromage frais  
Milk to drink



Fri

Chickpea vegetable couscous salad  
Mixed berries  
Milk to drink

## Safety

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business (SFBB). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All our staff follow the guidelines of Safer Food, Better Business. This is part of the staff's induction when starting.
- For group provision: All our staff who are involved in the preparation and handling of food have received training in food hygiene.
- 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)
- We use reliable suppliers for the food we purchase.
- 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.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before and after use.
- There are separate facilities for handwashing and for washing-up.
- All surfaces are clean and non-porous.
- Only staff who are qualified and have the appropriate award, work within our kitchen environments. Unauthorised staff who do not hold the appropriate award should not enter, whilst food is being prepared or the kitchen is in use.
- Our kitchens are not used as communal areas for staff. All staff understand the importance of keeping our kitchen and prep area(s) facilities clear, clean and safe.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children are not to have access or be in the kitchen.
- 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.
  - do not have unsupervised access to electrical equipment, such as blenders etc.

## Reporting of food poisoning

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

- 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 our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

## Basic kitchen opening / closing checks and risk assessment template

- The kitchen (Daily Risk Assessment) form needs to be completed daily and is a requirement. Settings providing full meals should also use Safer Food Better Business opening and closing checks.
- Copies of this document is found on the 'OneDrive'.
- Staff enter their initial if satisfactory. Enter 'X' and initials if not satisfactory and make a note below. Add action taken and if problem is resolved sign and date.
- Management is required to sign and spot-check the working environment.



## 3.11 Sun Care

### Policy

This policy is adopted to ensure that all children attending the setting(s) are protected from skin damage caused by the harmful ultraviolet rays of the sun. This policy will be implemented throughout the year, with particular emphasis in the warmer months.

### Procedures

#### *The key person is responsible*

Skin cancer is one of the most common cancers in the UK. Most skin cancers are caused by UV radiation from the sun; therefore, if we protect ourselves from the sun we can reduce the risks. Children & young people's skin is more delicate and can easily be damaged. Sunburn in childhood can double the risk of skin cancer, but damage to the skin cannot be seen immediately because skin cancer can take years to develop. Although fair skinned people are more at risk from sun damage, sun protection is relevant to both fair and dark skinned children.

#### *Staff responsibilities are as follows*

- To teach children, as part of the curriculum, about sun safety and ways to protect their skin.
- To apply sunscreen to all children before children go outdoors & continue applications at appropriate times throughout the day e.g. after water play.
- To encourage the older children to apply sunscreen to their own arms and legs – under supervision.
- To encourage children to wear hats which protect their face, neck and ears.
- To encourage children without hats to play in a shaded area or use a sun hat.
- To schedule, whenever possible, activities before 11.00 am and after 3.00pm on very hot days.
- To set up outdoor activities in the available shaded areas.
- To encourage all children to play in the shaded areas.
- To act as role model.
- To wear appropriate hats and clothing outdoors.
- To use a SP Factor 50 sunscreen for skin protection.
- To seek shade wherever possible.
- To reinforce Sun Protection Policy through parent's newsletters, notice boards and meetings.
- The setting will provide sunscreen of at least factor 50+ with parents'/ carers permission.

#### *Incorporating Sun Safety into daily routines*

- Learning about being safe in the sun will help instil in children the basis for enjoying the sun safely throughout their life, encouraging them to know the risks and look after their friends to see if they are ok too.
- Teaching sun and heatwave safety also provides opportunities for children to begin developing communication skills, self-help, fine and gross motor skills. children will hear new vocabulary and see that you protect them.
- It is important to be aware that as well as protecting children's skin, the heat itself can cause many problems, particularly for young children with existing conditions such as asthma.

#### *Parent and carers responsibilities are as follows*

- To acknowledge and provide permission for the staff to apply sunscreen provided by the settings.
- To provide and encourage child/ren to wear clothing that covers their shoulders.
- To dress their child in light coloured clothes.
- To keep the provider informed of any skin conditions
- To provide a sun hat for their child whilst at the setting.
- To apply sunscreen to their child before arriving at the setting.
- When permission is not obtained parent/ carer would be required to provide their own sunscreen otherwise as a precautionary measure the child would remain indoors.
- When the parent/ carer has provided sunscreen, we recommend this to be factor 50+. The sunscreen should be labelled with the child's name and dated.

#### *Permission(s) for applying sunscreen*

- Parents and/or carers must provide information about their child's needs and keep this information up to date on their ParentAdmin account.
- Parents and/or carers notify the setting of any changes in writing using ParentAdmin and sends a notification alongside any relevant information/ supporting documentation. Here is the link: <https://uk.parentadmin.com/login.php> Once the parent/ carer has made their decision, the registration details are instantly updated so our team can follow the parents/ carer instructions.

Written permission must be obtained by the parent/ carer for:

- Applying sunscreen to a child/ren by our staff.
- Applying our own suitable sunscreen at least factor 50+ to a child/ren.

If written permission is not obtained by the parents and/or carers, then the setting reserves the right to not allow the child to be outside where they maybe at potential risk of being burnt.



### Signs of heat exhaustion

Symptoms of heat exhaustion vary but include one or more of the following:

- tiredness
- dizziness
- headache
- nausea
- vomiting
- hot, red and dry skin
- confusion

### Guidance on how to keep staff and children safe in the sun and during heatwaves at our setting

- Children learn by example so adults should practice sun safety every day.
- Staff use visual prompts, such as sun safety posters or displays, can help children to grasp new concepts.
- We limit children's time outside during the hottest hours (11am until 3pm) unless they are totally shaded, and during the rest of the day don't let them stay out for long periods of time.
- When children go outside on a hot day, we reduce the level of activity – promoting story-time or quieter activities such as creative, sand or water play.
- We keep lots of fresh, cool water available for children who can self-serve, not left out in the sun, ideally with lots of ice cubes to keep it cool. We give children a gentle reminders – *'have you had a drink recently?'*
- We have designated drink station setup in classrooms and outside. We offer everyone water throughout the day
- Staff are encouraged to drink plenty of fluids in front of the children to reinforce this behaviour.
- We encourage children and staff to wear their sun hats and sun cream – encourage the older ones to put it on themselves under supervision. We explain why this is important.
- We recommend the use of wide brimmed sun hats and loose-fitting clothing to parents for the children.
- Do take babies outdoors but keep them in the shade – however, we don't sit them directly on the floor if it's too hot to hold the back of your hand there for longer than five seconds.
- Some settings may use shelters, canopies or gazebos to give good shade in the middle of the day.
- If there are trees at the setting, our workforce make sure the shade is complete, not speckled, as children can still burn under speckled shade.
- Staff are mindful that pushchairs if left outside in the sun can also get very hot – keep them indoors or in the shade when not being used.
- We try to keep our setting as cool as possible, using ventilation, fans and by drawing the blinds against the strong sun if possible.
- Remember some children with SEND may be more at risk during the hot days.
- If any of the children are behaving differently to normal, or become floppy or unusually tired, cool them down with wet flannels, cold water, drinks and fans. If staff have any concerns contact a health professional. Seek advice from the manager immediately.



## 3.12 Cleaning & Taking Precautionary Measures

### Policy

It is recognised that the cleanliness of the setting and its environment is important. We take the necessary steps to ensure infection prevention and controls are in place to reduce infections or risks.

### Procedures

#### Introduction

- Whilst there are dedicated staff responsible for overall environmental cleaning, all staff are responsible for making sure the areas they work in are kept clean and free from debris.
- It is the responsibility of all staff to ensure spillages are cleaned as soon as reasonably practicable to ensure the safety of children, staff and visitors. It is the responsibility of employees in the first instance to clean up (for example: waste, body fluids, spillages, grime, messy activities).
- The settings contracted cleaning team are responsible for the follow up clean. In addition, staff involved in caring for children have a responsibility for cleaning and disinfecting the equipment they use in their roles to deliver care.
- There are specific procedures and responsibilities which are not covered in this policy:
  - General cleaning of the environment is contracted out, monitored and implemented on behalf of the company management and directors.

#### Purpose and Outcomes:

The purpose of this policy is to provide direction in respect of the cleanliness / decontamination of the environment and general equipment used throughout the setting. This will assist in preventing cross-infection between children and protect practitioners or any workers from potentially infected items of equipment. It applies to all staff employed within the setting.

Improving and maintaining high standards of cleanliness in childcare settings is a key element of how each settings performance is judged by its directors and is paramount in gaining parent and carers confidence.

#### Definitions Used

- **Cleaning:** A process which physically removes contamination but does not necessarily destroy micro-organisms. Cleaning is an essential pre-requisite of equipment decontamination to ensure effective disinfection or sterilisation.
- **Disinfection:** A process used to reduce the number of viable microorganisms, which may not necessarily inactivate some viruses and bacterial spores. This may be achieved by chemical means.
- **Contamination:** The soiling or pollution of inanimate objects or living material with harmful, potentially infectious or other unwanted material.
- **Decontamination:** A process which removes or destroys contamination and thereby prevents micro – organisms or other contaminants reaching a susceptible site in sufficient quantities to initiate infection or any other harmful response.
- **Environment:** In this context means the totality of the children's surroundings when in the setting.

#### Key Responsibilities/Duties:

##### Director:

- Has overall responsibility for ensuring that there are effective arrangements in place for the control.

##### Management:

- Will lead in the monitoring of employees and ensure the operational policies and procedures are in place and implemented across the setting.

##### Supervisors:

- Will ensure staff are aware of and adhere to this policy.
- Are responsible for ensuring adequate stock levels of appropriate disinfectants/ sundries are available in designated areas.
- Are responsible for ensuring their areas are clutter free to facilitate easy cleaning.
- Will escalate any areas of concern via appropriate reporting.
- Will ensure that all adverse incidents relating to cleanliness, infection prevention and controls are reported to the line manager.
- Will ensure that all staff understand the importance of the control of infection and the risks of not cleaning equipment.

##### Employees:

- Are responsible for ensuring their own practice complies with this policy and for encouraging others to do so.
- Will report any areas of concern using the appropriate reporting / escalation methods.
- Are responsible for the initial cleaning of the environment or equipment.
- Employees should check the 'Staff Portal' on a regular basis for updates and guidance:

Link: <https://www.earlylearnersnursery.co.uk/staffportal>

#### General Principles:

To control infection it is important to minimise, reduce and eliminate, wherever possible, potential contamination of the environment. We advise on the following:

- When and where appropriate, PPE must be worn.
- The environment should inhibit the growth of micro-organisms by being clean and dry. Dust, dirt and liquid residue must not be allowed to accumulate.
- Work surfaces should be smooth finished, intact, durable, be impervious to liquids and not allow pooling of liquids.
- Settings should minimise the public, accessing the building/ classroom(s) wherever possible.
- Detergent and hot water is sufficient for routine cleaning of the environment. Hot water must be used in order to remove surface dust and/or dirt; therefore, the water must be changed at regular intervals. Water must also be changed between cleaning different areas, e.g. classroom and toilet areas.
- Increased cleaning should be considered in outbreaks of infection and environmental contamination may be contributing to the spread.
- Promote fresh ventilation by opening windows.
- Create hand sanitising stations prior to entry and exiting an classroom or setting.
- If a person is displaying symptoms notifiable high contagious disease/ virus prohibit access to the setting and seek advice.
- Clean and dirty equipment / items must be stored separately.
- Outside equipment must be thoroughly cleaned.
- We use signage and PHE guidance posters for employees and the public.
- Our teams will implement social distancing strategies and create bubbles to minimise groups mixing when notified by the government.
- The setting may evaluate any employee or child who may fall into a category of 'Extremely Vulnerable' and will seek advice and may potentially shield these people.

#### All Areas:

- To minimise the risk of cross-infection all furniture and flooring used in the settings environments must be able to tolerate disinfection.
- Carpets are not recommended in our setting because of the risk of body fluid spills. Viruses can survive in carpets for up to 12 days.
- Chairs, mattresses and pillows should be covered in impervious material that can tolerate disinfection.
- Shared equipment in the setting environment must be cleansed appropriately and regularly.
- There are designated areas for the safe storage of cleaning equipment and hazardous liquids.

#### Cleaning Equipment:

- Disposable aprons are provided and must be worn when cleaning.
- Buckets and other cleaning equipment should be drained, left clean and where appropriate stored dry and inverted.
- When used in situations disposable mop heads should be discarded when worn. If re-usable mop heads are used, they should be sent for laundering, if applicable.

#### Colour Coding for Cleaning Equipment:

In accordance with company standards all cleaning materials and equipment e.g.: brushes, mops, buckets should be colour coded this ensures that these items are not used in multiple areas, therefore reducing the risk of cross infection.

Red	Toilets, Bathrooms, Shower rooms,
Blue	General / Classrooms / Entrance(s) / Hall(s)
Green	Kitchens / Food preparation or Staff rooms
Yellow	Contaminated areas

Please note: Yellow mop heads or cloths for contaminated use must be only used once per area. When finished double bag after use and through away in the bin.

#### Guidance for the Decontamination of Toys

- Toys and educational resources are an established part of the settings experience for the children and families. They are seen as a source of comfort and security and form part of the child-friendly environment. However, toys maybe associated with the transmission of potentially harmful pathogens and the development of infections in a vulnerable client group.
- To ensure that the risks of cross infection are reduced steps must be taken to ensure all toys are made of a material that allows for effective cleaning and decontamination.
- Toys will be taken out of use / discarded if this guidance is not adhered to and necessary investigations actioned.
- Toys available for all children must be selected for the suitability of the environment, the child or young person and be made from materials that will be able to be cleaned as stated via cleaning procedures.
- Toys must be of non-porous surfaces that can be easily cleaned.
- Children should not be encouraged to bring their own toys to the setting.
- Toys with small parts must not be offered to children under the age of three.
- Toys must be checked regularly for damage / breakages and disposed of appropriately. Toys brought in by anyone is not allowed unless approved by a director.
- Toys/games contaminated or soiled with bodily fluids must be decontaminated.

#### Storage of toys:

- Toys/games will be stored, cleaned and dried, in designated cupboards or in area of the classroom(s) designated for that purpose. Toys are to be cleaned on a regular basis and a record kept.
- Toys are not to be kept outside.

#### Virus Outbreak:

- The setting has been notified by the Government, Local Authority or PHE of an outbreak, then the setting would implement a relevant risk assessment to reduce/ minimise the spread of any potential virus.

#### Classroom(s)/ play area(s):

- Classroom(s) /play areas must be designed in a manner that is safe for the purpose of play opportunities for children and young people.
- Toy washing/cleaning facilities should be easily accessible and should be within a clean area. Areas should have alcohol hand sanitizers for staff and children to use before and after using the area. Hand washing with soap and water must be undertaken if visible soiling is present.
- Large play equipment / tables and chairs should be cleaned regularly.
- Clean toys at the end of each play session or if soiled.
- A system should be in place for staff to ensure toys are cleaned and inspected when necessary.

#### Classroom Schedule:

- Managers and supervisors need to implement a routine which ensures classrooms are being regularly cleaned and deep cleaned by the end of each term.
- Supervisors are responsible for the hygiene standards within their classrooms.
- Managers complete regular spot checks for cleanliness. This includes moving larger furniture (e.g., cupboards and nappy changing units).
- Our teams use a digital Microsoft Form checklist to ensure everything is completed correctly.
- Each classroom has a designated weekly buffing night. Staff are required to move all the furniture on rotation to a different area of the classroom.

1<sup>st</sup> September – 31<sup>st</sup> December (4 months)

*Cleaned prior to Christmas Closure*

1<sup>st</sup> January – 31<sup>st</sup> April (4 months)

*Cleaned after Easter*

1<sup>st</sup> May – 31<sup>st</sup> August (4 Months)

*Cleaned prior to the new academic year*









