



Health and Safety Policy

Statement of intent

This setting believes that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

Aim

We aim to make children, parents and staff aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.

Methods

The member of staff responsible for health and safety is Julie Partridge and she is competent to carry out these responsibilities. She will be undertaking health and safety training and regularly updating her knowledge and understanding.

We display the necessary health and safety poster in the kitchen.

Risk assessment

Our risk assessment process includes:

- checking for hazards and risks indoors and outside, and in our activities and procedures. Our assessment covers adults and children;
- assessing the level of risk and who might be affected;
- deciding which areas need attention; and
- Developing an action plan that specifies the action required the timescales for action, the person responsible for the action and any funding required.

Health and safety issues are checked:

- daily before the session begins;
- weekly; and
- as we employ 8 staff, a full risk assessment is written and reviewed on a regular basis.

Insurance cover

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on the parents' noticeboard.

Awareness rising

- 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 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. Records are kept of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- Health and safety issues are explained to the parents of new children so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at staff meetings.
- We have a no smoking policy.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

Children's safety

- We ensure all staff employed have been checked for criminal records by an enhanced disclosure from the Disclosure and Barring Service (DBS).
- Staff cannot undertake toileting, changing duties or be a sole adult with children for any reason until a satisfactory DBS check has been received.
- Adults do not normally supervise children on their own.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults must be present.

Security

- Systems are in place for the safe arrival and departure of children. The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults - staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- Children are only allowed to go home with an authorised adult.
- The personal possessions of staff and volunteers are stored upstairs during sessions.

Windows

- Low level windows are made from materials that prevent accidental breakage or are made safe.
- Windows are protected from accidental breakage or vandalism from people outside the building.
- Windows above the ground floor are secured so that children cannot climb through them.

Doors

- We take precautions to prevent children's fingers from being trapped in doors.

Floors

- All surfaces are checked daily to ensure they are clean and not uneven or damaged.

Kitchen

- Children do not have unsupervised access to the kitchen.
- The manager and staff responsible for the snack and meal times understand principles of Hazard Analysis and Critical Control Point as it applies to the pre-school. This is set out in the Food Law Code of Practice. The basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All surfaces are clean and non-porous.
- There are separate facilities for handwashing and for washing up.
- Cleaning materials and other dangerous materials are stored in the kitchen out of children's reach.
- When children take part in cooking activities, they:
 - are supervised at all times;
 - are kept away from hot surfaces and hot water; and
 - do not have unsupervised access to electrical equipment.

Electrical/gas equipment

- All electrical/gas equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switchgear/meter cupboard is not accessible to the children.
- Fires, heaters, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
- There are sufficient sockets to prevent overloading.
- The temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas including storage areas.

Storage

- All resources and materials from which children select are stored safely.
- All equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

Outdoor area

- Our outdoor area is securely fenced.
- Our outdoor area is checked for safety and cleared of rubbish before it is used.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- All outdoor activities are supervised at all times.

Hygiene

- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting which includes play room(s), kitchen, rest area, toilets and nappy changing areas.
- Nappies are changed when required with parental agreement.
- We regularly clean resources and equipment.
- The toilet area has a high standard of hygiene including handwashing and drying facilities.
- Toilet training is carried out with parental consent.
- We implement good hygiene practices by:
 - cleaning tables between activities;
 - checking toilets regularly;
 - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
 - providing sets of clean clothes;
 - providing tissues, wipes and hand sanitiser;
 - handwashing after using toilet and before lunch;
 - handwashing before cooking and handling food (see Food Hygiene Policy).
 - A cleaner is employed for 3 hours a week to have a deep clean of the setting after all children have gone home. The cleaner is DBS checked following our safer recruitment policy.

Activities

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.
- All materials - including paint and glue - are non-toxic.
- Sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- Children are taught to handle and store tools safely.
- Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

Food and drink

- Staff who prepare and handle food receive appropriate training and understand - and comply with - food safety and hygiene regulations.
- All food and drink is stored appropriately.
- Adults do not carry hot drinks through the play area(s) and do not place hot drinks within reach of children.

- Snack and meal times are appropriately supervised and children do not walk about with food and drinks.
- Fresh drinking water is available to the children at all times.
- We operate systems to ensure that children do not have access to food/drinks to which they are allergic.

Outings and visits

- We have agreed procedures for the safe conduct of outings.
- Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- Parents always sign consent forms before major outings.
- A risk assessment is carried out before an outing takes place.
- Our adult to child ratio is high, normally one adult to four children.
- Named children are assigned to individual staff to ensure each child is individually supervised and to ensure no child gets lost and there is no unauthorised access to children.
- Major outings are recorded in an outings record book stating:
 - the date and time of the outing;
 - the venue and mode of transport;
 - names of staff assigned to children; and
 - time of return.
- Staff take a mobile phone on outings, and supplies of tissues, wipes, pants etc as well as a mini first aid pack, a snack and water. The amount of equipment will vary and be consistent with the venue and the number of children as well as how long they will be out for.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- A minimum of two staff should accompany children on outings and a minimum of two should remain behind with the rest of the children. Child : Staff ratios must be followed at all times.

Missing child

If a child goes missing from the setting

- The person in charge will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- Person in charge talks to staff to establish what happened
- If the child is not found the parent is contacted and the missing child is reported to the police.

If a child goes missing from an outing where parents are not attending and responsible for their own child, the setting ensures that there is a procedure that is followed.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated person and carry out a headcount to ensure that no other child has gone astray. One staff searches the immediate vicinity but does not search beyond that.
- The person in charge is informed, if s/he is not on the outing and makes his/her way to the venue to aid the search and be the point of contact for the police as well as support staff.
- Staff take the remaining children back to the setting.
- The person in charge of the setting contacts the child's parent who makes their way to the setting or outing venue as agreed with the person in charge.
- The staff contact the police using the mobile phone and report the child as missing.
- In an indoor venue, the staff contact the venue's security who will handle the search and contact the police if the child is not found.
- The person in charge contacts the chairperson of the management committee who comes down to the setting as soon as possible.

The investigation

- The chairman of the trustees carries out a full investigation taking written statements from all the staff present at the time, or who were on the outing.
- The key person/staff writes an incident report detailing:
 - the date and time of the report;
 - what staff/children were in the group/outing;
 - when the child was last seen in the group/outing;
 - what has taken place in the group/outing since then; and
 - the time it is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation all staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Social Services may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) arrangements and is recorded in the incident book; the local authority health and safety officer may want to investigate and will decide if there is a case for prosecution.
- OFSTED is informed.
- The Insurance Department at the Early Years Alliance is informed.

Animals

- Animals visiting the setting are free from disease and safe to be with children, and do not pose a health risk.
- Children wash their hands after contact with animals.

Fire safety

- The manager and staff are familiar with the requirements of the Regulatory Reform (Fire Safety) Order 2005. Guidance that applies to early years settings is set out in the government's: Fire Safety risk

Assessment Educational Premises (ISBN: 978 1 85112 8198). The basis of these regulations is risk assessment. The manager will carry out a written risk assessment, in accordance with this guidance, on a regular basis. Julie Partridge is the registered fire marshal of the setting and will keep up to date with training related to this role.

- Fire doors are clearly marked, never obstructed and easily opened from inside.
- Smoke detectors/alarms and firefighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
 - clearly displayed in the premises;
 - explained to new members of staff, volunteers and parents; and
 - practiced regularly at least once every six weeks.
- Records are kept of fire drills and the servicing of fire safety equipment.

Smoking

We have a no smoking policy on the premises.

First aid and medication

All members of staff are paediatric first aid trained, this training is redone every 3 years in accordance with OFSTED statutory requirements.

Our first aid kit:

- complies with the Health and Safety (First Aid) Regulations 1981;
- is regularly checked by a designated member of staff and re-stocked as necessary;
- is easily accessible to adults; and
- is kept out of the reach of children.

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

Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

Recording

All accidents, however minor, are recorded on an accident form. The completed accident form is shown to the parent/carer on the same day as the accident occurred and the parent/carer will be asked to sign it. In case of injury to the head, the main carer is informed by telephone immediately when the accident occurs and a head injury letter is given on collection.

Our accident form:

- is kept safely and accessibly in the first aid folder;
- all staff and volunteers know where it is kept and how to complete it.

Serious injuries, accidents and illnesses

Ofsted is notified of any injury, accident or illness 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 or anything leading to hypothermia or heat induced illness.

Eyes

Ofsted must be informed if a child suffers any loss of sight, whether it is temporary or permanent.

- A penetrating injury to the child's eye or
- a chemical or hot metal burn to the child's eye.

Substances and Electricity

If a child in our care suffers from, or requires medical treatment for, any of the following situations, Ofsted must be told.

- 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

Dealing with incidents

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any accident to a member of staff requiring treatment by hospital; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Any dangerous occurrence is recorded on our incident forms, See below.

Information for reporting the incident to Health and Safety Officer is detailed in the Early Years Alliance's publication, Accident Record.

Our Incident Form:

- We have ready access to telephone numbers for emergency services, including local police;
- We ensure that we have access to Elizabeth Richmond (St John's Church) and that there is a shared procedure for dealing with emergencies.
- We keep an Incident form for recording incidents including those that are reportable to the Health & Safety Executive (see above).
- These incidents include:

- break-in, burglary, theft of personal or the setting's property;
 - an intruder gaining unauthorised access to the setting;
 - fire, flood, gas leak or electrical failure;
 - an attack on a member of staff or parent on the premises or nearby;
 - any racist incident involving a member of staff or parent on the premises;
 - the death of a child;
 - a terrorist attack or threat of one.
- on the Incident form, we record the date and the time of the incident, the 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, including any insurance claim, should also be recorded.
 - The Incident form is also used for recording issues of concern involving a child but This is recorded seperately in the child's own file.

Administration of medication

- Only prescribed medication may be administered. It must be in-date and prescribed for the current condition.
- Children taking prescribed medication must be well enough to attend the setting.
- Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. This states the name of the child, name/s of parent(s), date the medication starts, the dose and times, or how and when the medication is to be administered.
- The administration is recorded accurately each time it is given and is signed by staff, with another member of staff signing as a witness. Parents sign the record form to acknowledge the administration of a medicine.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- Where Epi-pens are required – staff to do training on this.

Sickness

Our policy for the exclusion of ill or infectious children is discussed with parents. This includes procedures for contacting parents - or other authorised adults - if a child becomes ill while in the setting.

- We do not provide care for children, who are unwell, have a temperature, or sickness and diarrhoea.
- For Children who have a temperature of 38.0 or over, their parents will be contacted to come and collect their child. With Parents permission, one dose of paracetamol can be given to the child prior to their collection so their temperature can be brought down initially. Administering of paracetamol will be recorded on a medicine form where parents will need to sign when collecting their child.
- Parents are notified if there is a case of head lice in the setting.
- Parents are notified if there is an infectious disease, such as Covid-19, chicken pox.
- Children or families are not excluded because of HIV.

- Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times.
- Children or staff suffering from sickness and diarrhoea should not return to the setting until 48 hours after the last bout.
- Ofsted is notified of any infectious diseases that a qualified medical person considers notifiable.

Safety of adults

- Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- All warning signs are clear and in appropriate languages.
- Adults do not remain in the building on their own or leave on their own after dark.

Records

In accordance with the National Standards for Day Care, we keep records of:

Adults

- names and addresses of all staff on the premises, including temporary staff who work with the children or who have substantial access to them;
- names and addresses of the staff and trustees;
- all records relating to the staff's employment with the setting, including application forms, references, results of checks undertaken etc.

Children

- names, addresses and telephone numbers of parents and adults authorised to collect children from setting;
- the names, addresses and telephone numbers of emergency contacts in case of children's illness or accident;
- the allergies, dietary requirements and illnesses of individual children;
- the times of attendance of children, staff, volunteers and visitors;
- accidents and medicine administration records;
- consents for outings, administration of medication, emergency treatment; and
- incidents.

In addition, the following procedures and documentation in relation to health and safety are in place:

National Standard 6: Safety

- Risk assessment.
- Record of visitors.
- Fire safety procedures.
- Fire safety records and certificates.

National Standard 7: Health

- Administration of medication.
- Prior parental consent to administer medicine.

- Record of the administration of medicines.
- Prior parental consent for emergency treatment.
- Accident record.
- Sick children.
- No smoking.

This policy was reviewed and adopted at a **Marsh Green Pre-school CIO**
committee meeting of

Held on (date)

Signed:

(Manager)

Signed:

(Chairperson)
