



Registered Charity No: 1038425  
Village Hall, Newport Road, Hanslope, MK19 7NZ  
www.hanslopepreschool.org

# Health, Safety and Hygiene Policy

Date reviewed: 18.09.2023

## **Policy statement**

We believe that the health and safety of children is of paramount importance. We make our Pre-school a safe and healthy place for children, parents, staff, and volunteers.

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

- We have a nominated member of staff who has overall responsibility for issues concerning health and safety in our Pre-school.
- He/she is competent to carry out these responsibilities.
- Have undertaken health and safety training and keep up to date, his/her knowledge and understanding
- Access relevant sources of expertise.
- Check that all staff have relevant in-service training on health and safety, including manual handling and risk assessment.

We display the necessary health and safety poster in the store cupboard.

## **Insurance cover**

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed on our notice board inside the hall.

## **Procedures**

### **Awareness raising**

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults can adhere to our 'policies 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.
- 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 Pre-school.
- As necessary, health and safety training are included in the annual training plans of staff, and health and safety is discussed regularly at staff meetings.
- We will endeavour to maintain links with health visitors and gather health information and advice from the local health authority. Parents will have access to information available to the Pre-school.
- No smoking is allowed on the premises or in the outdoor play area and no-smoking signs are displayed.
- Children are made aware of health and safety issues through discussions, planned activities and routines.

### **Premises**

- We take precautions to prevent children's fingers from being trapped indoors.
- All floors are checked daily to ensure they are clean and not uneven, wet, or damaged. Any wet spills are mopped immediately.
- Walkways are left clear and uncluttered.
- All electrical/gas equipment conforms to safety requirements and are checked annually. We request copies of the safety certificates from the Village Hall Committee.
- The boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Heaters, wires, and leads are properly guarded, and the children are taught not to touch them. Sockets do not require covers as they are considered at higher risk than the uncovered socket.

- There are sufficient sockets in our setting to prevent overloading.
- Switch electrical devices off from the plug after use.
- Lighting and ventilation are adequate in all areas including storage areas.
- The temperature of hot water is controlled to prevent scalds.
- The minimum room temperature is 16oC.

### **Storage**

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

### **Outdoor area**

- Our outdoor area is securely fenced. All gates and fences are childproof, and safe and will be in place forming a secure walkway from the door to the outside play area before the children are allowed to go outside.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides, and pesticides.
- We leave receptacles upturned to prevent the collection of rainwater. Where water can form a pool on equipment, it is emptied and cleaned before children start playing outside.
- Our outdoor sand tray is covered when not in use and is cleaned regularly.
- We check that children are suitably attired for weather conditions and type of outdoor activities; ensuring hats are worn during the summer months and warm waterproofs in the winter months.
- We always supervise outdoor activities, and particular children on climbing equipment.
- Adults are suitably deployed to supervise the outdoor area depending on the number of children choosing to be in this area.
- The exit into the garden is secured safely as to not close and is not closed until the end of the session.

### **Hygiene**

- We refer to and abide by the latest guidelines from the Health Protection Agency.
- Our daily routines encourage the children to learn about personal hygiene.
- Our daily check before the session starts includes checking the large and small hall, toilets, and kitchen for cleanliness. Children do not have access to the kitchen area.
- Staff wash their hands under running water after using the toilet and blowing or wiping their noses and before handling food – children are encouraged to do likewise.
- Children are encouraged to shield their mouth and nose with a tissue when coughing or sneezing.
- We have a schedule for cleaning resources and equipment, dressing-up clothes, and furnishings.
- The toilet area has a high standard of hygiene including hand washing and drying facilities and facilities for the disposal of nappies.
- Cuts or abrasions will be covered with waterproof dressings.
- We implement good hygiene practices by:
  - Cleaning tables before and after snack time.
  - Checking and cleaning toilets regularly.
  - Wearing protective clothing - such as aprons and disposable gloves - as appropriate.
  - Placing soiled clothing into a nappy bag to be sent home.
  - Providing tissues, wipes, and bins for the disposal of soiled tissues.
  - Rules relating to cleaning up of bodily fluids are followed with particular care.
  - Single-use vinyl gloves and disposable plastic aprons are worn.
  - All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges are cleaned up immediately using a product that combines both a detergent and a disinfectant and is effective against bacteria and viruses and using disposable paper towels which should be disposed of with the clinical waste. Mops should not be used.

### **Activities, resources, and repairs**

- All activities are planned with an appropriate level of supervision recognising that some areas and activities pose hazards.
- 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 Pre-school.
- We keep a full inventory of all items in the setting for audit and insurance purposes.
- There will be safe surfaces beneath and around all climbing equipment.
- The layout of play equipment allows adults and children to move safely and freely between activities.
- Internal safety gates/barriers will be used as necessary to prevent access to dangerous areas.

- All materials - including paint and glue - are non-toxic.
- Sand is clean and suitable for children's play.
- Physical and water play is constantly supervised.
- Children are taught to handle and store tools safely.
- All equipment is regularly checked for cleanliness and safety. Any dangerous, faulty, or damaged items will be withdrawn from use immediately and repaired or discarded.
- If children fall asleep in situ, it may be necessary to move or wake them to make sure they are comfortable.
- Children learn about health, safety, and personal hygiene through the activities we provide and the routines we follow. Dangerous behaviour by children will always be discouraged.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired, it is discarded. Large pieces of equipment are discarded only with the consent of the Practice Manager.

### ***Jewellery and accessories***

- Staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to themselves or children.
- Children may wear small, smooth stud earrings.
- Parents must ensure that jewellery worn by children poses no danger, particularly earrings which may get pulled, bracelets that can get caught when climbing or necklaces that may pose a risk of strangulation.
- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.

### ***Safety of adults***

- Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- When adults need to reach up for stored equipment or to put it away, they are provided with safe equipment to do so. Heavy materials should not be stored above head height.
- All warning signs are clear and in appropriate languages.
- If an adult is required to be in the building alone, ensure someone knows where she/he is and have mobile phone to hand.
- The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.
- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.

### **Control of Substances Hazardous to Health (COSHH)**

- Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.
- Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.
- Hazardous substances are stored safely away from the children.
- Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.
- Risk assessment is done for all chemicals used in the setting.
- Environmental factors are considered when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Bleach is not used in the setting.
- Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.
- Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.
- Members of staff wear rubber gloves when using cleaning chemicals.

### **Policy statement (8.2)**

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

### ***Children's personal safety***

- We ensure all staff employed have been checked for criminal records via an enhanced disclosure with the children's barred list check through the Disclosure and Barring Services.
- Adults without a DBS check are never left unsupervised with children.
- All children are always supervised by adults.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

### ***Security***

- Systems are in place for the safe arrival and departure of children. All adults will be aware of these systems.
- The times of the children's arrivals and departures are recorded where these are different to session opening and closing times.
- The arrival and departure times of adults – staff, and volunteers are recorded.
- Children will leave the group only with authorised adults. We must be informed in advance if a child is to be collected by someone other than their usual parent or carer and, if that person is not known to Pre-school staff, they will need to know the child's password before the child can be released into their care.
- The arrival and departure times of visitors, together with the reason for their visit, are recorded in our visitors' book.
- Visitors are asked to show ID before they enter the premises and are always accompanied by a staff or committee member.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We only allow access to visitors with prior appointments.
- We keep front doors always shut with a safety chain attached; the back door is always locked with a safety chain as well to prevent unauthorised access.
- We have spy holes in the main door and backdoor at a suitable height as well as alarms on all exit doors.
- The personal possessions of staff and volunteers are securely stored during sessions.
- We recognise that at certain times, e.g., dropping off or collection times, there may be children not on our register present at Pre-school. The parent/carer of any child of any age who is not on our register must always take full responsibility for that child.
- Minimal petty cash is kept on the premises.

### ***Policy Statement (8.3)***

- Children benefit from being taken outside of Pre-school 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 and follow the procedures as laid out below.

### ***Supervision of children on outings and visits***

- All off-site activity has a clearly identified educational purpose with specific learning and development outcomes.
- There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- Parents sign a general consent on registration for their children to be taken out on a local short outing as a part of the daily activities of the Pre-school.
- Our Practice Manager and staff taking part in the outing sign off every risk assessment.
- Children with allergies or other specific needs have separate risk assessments completed i.e., child with allergies visiting a supermarket.
- An excursion will not go ahead if concerns are raised about its viability at any point.
- A risk assessment is carried out before an outing takes place and is reviewed regularly.
- Any written outing risk assessments are made available for parents to see.
- Our adult-to-child ratio follows the set government guidelines as set out in the EYFS framework.
- Named children are assigned to an individual adult to ensure each child is well supervised and to ensure no child goes astray and that there is no unauthorised access to children.
- A record of the names of adults assigned to named children is kept with the risk assessment paperwork for that outing along with the times of departure and return.
- Staff take essential records and equipment on outings, including a list of children, contact telephone numbers for the parents/carers of children on the outing, medicines required for certain children, a first aid kit, accident, incident book, a mobile phone and tissues, wipes, and a copy of the Missing Child Procedure. 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.

- Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.
- A minimum of two staff (one of whom must have current first aid training) should accompany children on outings and a minimum of two should remain behind with the rest of the children, ensuring appropriate ratios are always maintained.
- Where necessary we may request parents to accompany Pre-school on outings and are responsible for their own child/ren.
- We provide children with visibility jackets to wear that contain the name of our Pre-school and telephone number, but not the name of the child.
- Records are kept of vehicles used to transport children, with the named drivers and appropriate insurance cover.
- We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.

### **Policy statement**

- Children learn about the natural world, its animals, and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage. This may include contact with animals, or other living creatures, either in Pre-school or on visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

### **Animals**

- If animals are brought in by visitors to show the children, they are the responsibility of the owner. Animals visiting the Pre-school must be free from disease and safe to be with children.
- The owner 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.
- Children wash and dry their hands thoroughly after contact with animals.
- Children are taught correct handling of the pet and are always supervised.

### **Visits to farms**

- Before a visit to a farm, we carry out a risk assessment – this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- We contact the venue in advance of the visit to ensure that there has been no recent outbreak of E. coli or other infections. If there has been an outbreak, we will review the visit and may decide to postpone it.
- We follow our outings procedure.
- Children wash and dry their hands thoroughly after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris as soon as possible on departure and should not be worn indoors.
- We advise staff, volunteers and parents who are, or may be pregnant to avoid contact with ewes and to consult their GP before the visit.

### **Policy statement**

- We can take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with current first aid training is on the premises at any one time. Newly qualified staff who have achieved an early year's qualification at level 2 or 3 after 30<sup>th</sup> June 2016 also have a paediatric first aid certificate to be counted in the adult child ratios. The first aid qualification includes first aid training for infants and young children. We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

### **First aid**

- A list of staff who have current PFA certificates is displayed on the notice board.
- The first aid box is easily accessible to adults and is kept out of the reach of children and complies with the Health and Safety (First Aid) Regulations 1981.
- There is a designated member of staff in the setting who is responsible for regularly checking and replenishing the first aid box-stocked, as necessary.
- Medication is only administered in line with our Administering Medicines Policy.
- In case of minor injuries or accidents, first aid treatment is given by a qualified first aider, who will administer first aid.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset, or we have concerns about the injury. In which case, we will contact the child's parents for clarification of what to do, i.e., whether they wish to collect the child and take them to their own GP.

- If a child has sustained a head injury the parents are made aware immediately to ensure the child is monitored for the next 48 hours. The child is given a red wrist band with the time and date the head injury took place.
- An ambulance is called for children requiring emergency treatment. We will contact parents/carers immediately and inform them of what has happened and where the child has been taken.
- No un-prescribed medication is given to children, staff, or volunteers.
- At the time of admission to the Pre-school, 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.
- Accidents and incidents are recorded in our accident and incident books, and where applicable, notified to the Health and Safety Executive, Ofsted, and/or local child protection agencies in line with our Recording and Reporting of Accidents and Incidents policy.

#### **Policy statement**

- While it is our policy not to care for sick children, who should be at home until they are well enough to return to Pre-school. We agree to administer prescribed 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 GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting.
- If a child has not had a medication before, it is advised that the parent keeps the child home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.
- We notify our insurance provider of all required conditions, as laid out in our insurance policy.

#### **Administration of medication**

- Children taking prescribed medication must be well enough to attend Pre-school.
- Medicines are only administered if they have been prescribed for that child by a doctor (or another medically qualified person). It must be in-date and prescribed for the current condition.
- Children's prescribed medicines are stored strictly in accordance with product instructions and in their original containers with the prescriber's instructions for administration (all medication is kept in the kitchen).
- No medication will be given without these details. They must be clearly labelled with the child's name and are inaccessible to the children.
- Parents give prior written and dated permission for the administration of medication. Stating the name of the child, and date of birth, the name of the medication and strength, who it was prescribed by, the dosage and times, or how and when the medication is to be administered, any special storage instructions and expiry date, details of any possible side effects that may be expected, the signature of the parent, their printed name, and the date.
- The administration is recorded accurately in a medicine form each time it is given and is signed by Practice Manager/Deputy Manager who administers the medication with a witness present. Parents are shown the record at the end of the session and asked to sign the record book to acknowledge the administration of a medicine.
- The child's key worker/Practice Manager/Deputy Manager is responsible for ensuring the medication is handed back at the end of the day to the parent/carer.
- For some conditions medication may be kept in the Pre-school and is kept in a secure cabinet. The child's keyworker/Practice Manager/ Deputy Manager checks that any medication held to administer on an as and when required basis or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If the administration of prescribed medication requires technical or medical knowledge, individual training is provided for staff by a qualified health professional. Training should be specific to the child concerned.
- If the administration of prescribed medication requires technical or medical knowledge, individual training is provided for staff by a qualified health professional. Training should be specific to the child concerned.
- 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 keyworker what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- Regarding the administration of life-saving or invasive medication, such as adrenaline injections, EpiPen/Jext Pen, or when a child requires help with everyday living, the position must be clarified by reference to the Pre-school's insurance policy.
- In the event of a child developing a high temperature whilst at Pre-school, we seek prior consent from parents/carers to administer the appropriate dose of Calpol. The administration is recorded accurately on a medicine form at the time it is given and is signed by Practice Manager/Deputy Manager who administers the

medication with a witness present. The parents/carers will be called to collect the child immediately and they will be given the administration of medication form to sign.

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

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

- A risk assessment is carried out for each child with long-term medical conditions that require ongoing medication by the Practice Manager and the child's keyworker. Other medical or social care personnel may be involved in the risk assessment.
- Parents will also contribute to the risk assessment. They should be shown around the pre-school, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions staff will need to have training in a basic understanding of the condition, as well as the medication to be administered correctly (the training needs for staff will form part of the risk assessment).
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding a child's individual needs.
- The risk assessment includes arrangements for taking medication on outings and advice sought from the child's GP, if necessary, where there are concerns.
- A health care plan for the child will be drawn up with the parent, outlining the key worker's role and what information must be shared with other staff. The individual health plan will include measures to be taken in an emergency and will be reviewed termly.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

### ***Managing medicines on trips and outings***

- Children needing medication on trips where they are not accompanied by a parent must be accompanied by the keyworker/Practice Manager with a risk assessment who is fully informed about the child's health needs and medication.
- Medication for the child is taken in a sealed plastic box clearly labelled with the child's name, original pharmacist's label and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given. Including all the details that need to be recorded in the medication file.
- On returning to the Pre-school the card is stapled to the medicine record file and the parent signs it.
- If a child on medication is taken to the hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box a copy of the consent form signed by the parent.
- This procedure should be read alongside the outing procedures.

### **Staff taking medication**

- Staff taking medication must inform the Practice Manager/Deputy Practice Manager. The medication must be stored securely in staff lockers or a secure area away from the children. The Practice Manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

### **Policy statement**

- 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 for children who are sick or infectious**

- Parents are asked to keep their children at home if they have any infection and to inform the Pre-school as to the nature of the infection so that the Pre-school can alert other parents as necessary and make careful observations of any child who seems unwell.
- Parents are asked not to bring into the Pre-school any child who has been vomiting or had diarrhoea until at least 48 hours has elapsed since the last attack.
- Staff with a diarrhoea or vomiting illness are also asked to stay at home until symptom-free for 48 hours.
- We do not provide care for children, who are unwell, have a temperature, or sickness and diarrhoea, or who have a contagious infection or disease. If a child becomes unwell during a session – for example, if they have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach our Practice Manager will call the parents and ask them to collect the child or send a known carer to collect on their behalf.
- The child's temperature is taken using a digital thermometer which is kept with the first aid box.
- In extreme cases of emergency, an ambulance is called, and the parent informed.

- Parents are asked to take their child to a doctor before returning to Pre-school; 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 48 hours following the last episode.
- Where a child has been hospitalised, we ask parents to keep them at home until at least 48 hours has elapsed. Depending on the reason we may need to complete a risk assessment prior to the child returning to Pre-school.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross contamination may be suspended during an outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> and includes common childhood illnesses such as measles.
- *Reporting of 'notable diseases'*.
- Parents are notified if there is an infectious disease, such as chicken pox.
- If we are informed that a child or adult who uses the Pre-school is suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England. Our Practice Manager will inform Ofsted and act on any advice given by the Public Health England. Where the notifiable disease is food poisoning, and it appears that the Pre-school may be the source of the outbreak, we will also contact the Environmental Health Department.

During the COVID-19 outbreak, any child showing symptoms, such as a high temperature, a new continuous cough, loss of taste or smell, the following sequences of actions need to be taken:

1. Child presents with symptoms; parents are requested to collect and seek diagnosis from GP or take further advice from NHS111.
2. Child's parents are requested to inform the setting of outcome/diagnosis and keep child at home for the recommended exclusion period. For cases of suspected Covid-19, staff and service users must adhere to current Government advice regarding self-exclusion even if no symptoms are present.
3. For confirmed cases of a notifiable disease and COVID-19 the Pre-school must contact their local Health Protection Team (HPT) as soon as possible for further guidance. The line manager will inform the committee and retain a confidential record.
4. Acting on the advice of the local (HPT), the Pre-school will either:
  - Close for a set period and undertake a deep clean.
  - Carry on as usual but also undertake a deep clean.
5. If a notifiable disease is confirmed, staff must inform the line manager immediately and Ofsted must be informed within 14 days. Cases of confirmed COVID-19 should be treated as a notifiable disease.
6. A deep clean is undertaken at the soonest opportunity following any illness outbreak. Hand hygiene messages are reinforced, and staff are vigilant to any further signs of infection.
7. The Practice Manager continues to liaise with the HPT as required and keeps a full record of children affected, how long they are away from the setting and the date on which they return.

#### ***HIV/AIDS/Hepatitis procedure***

- HIV (Human Immunodeficiency Virus) may affect children or families attending the Pre-school. Children or families are not excluded because of HIV.
- HIV virus, like other viruses such as Hepatitis A, B and C, are spread through bodily fluids. Hygiene precautions for dealing with bodily fluids are the same for children and adults. We: wear single - use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Bag soiled clothing for parents to take home.
- Clear spills of blood, urine, faeces, or vomit using mild disinfectant solution and paper towels, any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected with blood, urine, faeces, or vomit using disinfectant.
- We follow local authority guidelines where a worldwide outbreak of an infection (pandemic) is in place and have a Pandemic Flu Plan and Procedure in place.

#### ***Nits and head lice***

- Children with head lice are not an excludable condition; although exceptional circumstances we may ask the parent to keep the child away until infestation has cleared.
- Parents of affected children are given written advice on how to treat any infestation.
- All parents are notified if there is a case of head lice in the Pre-school and asked to treat their child and all the family if they are found to have head lice.



### ***Procedure for Children with allergies***

- When a child starts at Pre-school, we ask the parents if their child suffers from known allergies. This is recorded on the child's daycare records.
- If a child has a severe allergy, a risk assessment form is completed to detail the following: the allergen (i.e., the substance, material or living creature the child is allergic to such as, nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions, e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
- what to do in case of allergic reactions, any medication used and how it is to be used (e.g., EpiPen /Jext Pen).
- Control measures, such as how the child can be prevented from contact with the allergen.
- Review measures.
- This form is kept in the child's personal file and a copy is displayed in the allergy file, which is kept in the kitchen, where staff can see it.
- A health care plan will also be completed.
- Our 'Administration of medication' procedures set out in this policy will be followed.
- 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.
- Parents are made aware so that no nuts or nut products are accidentally brought in, e.g., to lunch club.

### ***Insurance requirements for children with allergies***

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to. For children suffering life-threatening conditions or requiring invasive treatment; written confirmation from our 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 medication must be prescribed by a GP (or other medically qualified person or have manufacturer's instructions clearly written on them).
- We must be provided with clear written instructions on how to administer such medication.

### **Life-saving medication and invasive treatments:**

- These include adrenaline injections (EpiPen/Jext Pen) 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 the parents or guardians' prior written consent. This consent must be kept with the child's day care records. It is not necessary to forward copy documents to our insurer provider.
- 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.
- 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 these documents relating to these children must first be sent to the insurance team for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

**Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**

### **Physiotherapy**

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

### **Oral health**

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

- Fresh drinking water is always available and easily accessible.
- Sugary drinks are not served.
- Children are encouraged to drink from cups during snack times.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.
- Parents are discouraged from sending in confectionary as a snack or treat.

### **Policy Statement**

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

### **Procedure**

- Our accident book is available at each session for the reporting of all accidents and 'near misses' and is kept safely. Is accessible to all staff, who know how to complete it; and is reviewed at least termly to identify any potential or actual hazards.

### **Reporting accidents and incidents**

- Ofsted is notified as soon as possible, but at least within 14 days of any instances which involve.
- Food poisoning affecting two or more children looked after in our setting.
- A serious accident or injury to, or serious illness of, a child in our care and the action we take in response.
- And the death of a child in our care.
- 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 advice given by those agencies.
- Any food poisoning affecting two or more children or adults in our setting 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 the hospital for treatment.
- Any work-related accident leading to a specified injury to one of our employees. Specified 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 seven 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 book.
- 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 an injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Information reporting incidents to the Health and Safety Executive is provided in the Early Years Alliance's Accident Record Publication.
- Any dangerous occurrence is recorded in our Incident Book.

### **Incident Book**

- We have ready access to telephone numbers for emergency services, including the local police. Where we rent premises, we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our Practice Manager risk assesses this situation and decides if the premises are safe to receive children. Our Practice Manager/Chairperson may decide to offer a limited service or to close Pre-school.

- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises or area, we follow the procedure in our Fire Safety and Emergency Evacuation Policy or, when on an outing the procedures identified in the risk assessment outing.
- If a crime may have been committed, we ask all adult witnesses to the incident to make a witness statement.
- Including the date and the time of the incident, what they saw or heard, what they did about it and their full name and signature.
- we keep an incident book for recording incidents including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - break-in, burglary, theft of personal or the Pre-school's property.
  - an intruder gaining unauthorised access to the premises.
  - fire, flood, gas leak or electrical failure.
  - attack on a member of staff or child or parent on the premises or nearby.
  - any racist incident involving staff or family on the premises.
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises.
  - death of a child, or adult.
  - a terrorist attack, or threat of one.
- In the incident book, we record the date and 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, or insurance claim made, is also recorded.
- In the event of a terrorist attack, we will follow the advice of the emergency services regarding evacuation, medical aid and contacting children's families. Our standard Fire Action Procedure will be followed, and staff will take charge of their key children. The incident will be recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, emergency services will be called, and the advice given by these services will be followed.
- Child protection matters or behavioural incidents between children are *not* regarded as incidents in this context and there are separate procedures to be followed.

### Education Inspection Framework

- As required under the *Education Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off the roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

### Legal Framework

- Health and Safety Work Act (1974)
- Health and Safety (First Aid) Regulations (1981)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health |Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992) (as amended 2004)
- Health and Safety (Display Screen Equipment) Regulations (1992)
- Regulatory Reform (Fire Safety) Order 2005
- Humans Medication Regulations (2012)
- Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (as amended)
- The Health and Safety (Enforcing Authority) Regulations 1998

### Further Guidance

- Five Steps to Risk Assessment (HSE 2011)
- Health and Safety Law. What You Need to Know (HSE Revised 2009)
- Health and Safety Regulation. A short Guide (HSE 2003)
- Electrical safety and You. A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health. What You Need to Know About COSHH (HSE revised 2009)
- Getting to Grips with Manual Handling – Frequently asked Questions: A short Guide (HSE 2011)
- Fire safety Risk Assessment – Educational Premises (HMG 2006)
- First Aid at Work. Your questions answered (HSE revised 2015)
- Basic Advice on First Aid at work (HSE revised 2012)
- Guidance on First Aid for Schools (DFEE revised 2014)
- RIDDOR Guidance Reporting Form: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)
- Education Inspection Framework: Education, Skills and Early Years (Ofsted 2021)
- Early Years Handbook for Ofsted Registered Provision (Ofsted 2021)

- The Human Medicines Regulations (2012)
- Accident Record (2017)
- Reportable Incident Record (Early Years Alliance 2015)
- CIF Summary Record (Early Years Alliance 2015)

#### **Other Useful Publications**

- Managing Risk (2009)
- Daily Register and Outings Record (2015)
- Good Practice in Early Years Infection Control (2009)
- First Aid Management Record (2016)
- Medication Administration Record (2017)

This policy was reviewed by Hanslope Pre-school on 18<sup>th</sup> September 2023  
Date to be reviewed on 18<sup>th</sup> September 2024

Signed on behalf of Hanslope Pre-school

B. Mudaliar

By Brittany Mudaliar Chairperson on 18/09/2023

Signed on behalf of Hanslope Pre-school

By B. Mudaliar

***Nappy changing – see our policy and procedure***

- ***Fire safety – see our policy and procedure***