Health and safety policy

Designated Health and Safety Officer is: Samantha Willers

Policy Statement: At Little Elms Preschool, we prioritise the health, safety, and well-being of all children, staff, and visitors. This policy outlines our commitment to maintaining a safe and healthy environment, identifying and managing risks, and implementing appropriate measures to prevent accidents and promote well-being

Legal references

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1999)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Regulation (EC) No 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2012

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

Risk assessment

Risk assessments are carried out to ensure the safety of children, staff, parents and visitors. Legislation requires all individuals in the workplace to be responsible for the health and

safety of premises, equipment and working practices. We have a 'corporate responsibility' towards a 'duty of care' for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures. A member of staff carries this out each morning and the file is kept in the filing cabinet in the office.

The law does not require that all risk be 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

Health and safety risk assessments inform procedures. Staff are be involved in reviewing risk assessments and procedures, as 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.

The setting manager undertakes training and ensures staff have adequate training in health and safety matters. The setting managers also ensures that checks/work to premises are carried out and records are kept.

- Gas safety by a Gas Safe registered gas/heating engineer.
- Electricity safety by a qualified electrician.
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.
- Deep clean is carried out in kitchen.

The setting manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

- Entrance and exits.

- Outdoor areas.
- Passageways and connecting areas.
- Group rooms.
- Office
- Main kitchen.

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings (including use of public transport), including:

- Village Walks

The setting manager ensures staff members carry out risk assessment for work practice including:

- changing babies, and the intimate care of young children and older children
- arrivals and departures
- children with allergies and special dietary needs or preferences
- serving food in rooms
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling young children to sleep
- assessment, use and storage of equipment for disabled children
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example 'fire engines'
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

Staff personal safety

General

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access only with prior appointments and once identifications are verified.
- When taking cash to the bank, members of staff are aware of personal safety. The setting manager carries out a risk assessment and develops an agreed procedure appropriate to the setting, staff, and location.
- Staff make a note in the shared diary of meetings they are attending and when they are expected back.

Dealing with agitated parents/visitors in the setting

- If a parent or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood
- Staff will make it clear that they want to hear issues and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.
- After the event, it is recorded in the child's file together with any decisions made with the parents to rectify the situation.

Copies of correspondence regarding the incident will be kept in the relevant child's file.

Threats and abuse towards staff and volunteers

The setting is responsible for protecting the health and safety of all staff and volunteers in its services and has a duty of care in relation to their physical and emotional well-being. We believe that violence, threatening behaviour and abuse against staff are unacceptable and will not be tolerated. Where such behaviour occurs, we will take all reasonable and appropriate action in support of our staff and volunteers.

- Staff and volunteers have a right to expect that their workplace is a safe environment, and that prompt and appropriate action will be taken on their behalf if they are subjected to abuse, threats, violence or harassment by parents, service users and other adults as they carry out their duties.
- The most common example of unreasonable behaviour is abusive or intimidating and aggressive language. If this occurs, the ultimate sanction, where informal action is not considered to be appropriate or has proved to be ineffective, is the withdrawal of permission to be on the premises.
- Where a person recklessly or intentionally applies unlawful force on another or puts another in fear of an immediate attack, it is an offence in law which constitutes an assault. We would normally expect the police to be contacted immediately.

There are three categories of assault, based on the severity of the injury to the victim.

1. Common Assault - involving the threat of immediate violence or causing minor injury (such as a graze, reddening of the skin or minor bruise).
2. Actual Bodily Harm - causing an injury which interferes with the health or comfort of the victim (such as multiple bruising, broken tooth or temporary sensory loss).
3. Grievous Bodily Harm - causing serious injury (such as a broken bone or an injury requiring lengthy treatment).

There is also an aggravated form of assault based upon the victim's race, religion, disability or sexual orientation and other protected characteristics as defined in the Equality Act 2010 which carries higher maximum penalties.

It is important to note that no physical attack or injury needs to have occurred for a common assault to have taken place. It is sufficient for a person to have been threatened with immediate violence and put in fear of a physical attack for an offence to have been committed.

Any staff member or volunteer who feels under threat or has been threatened, assaulted, or intimidated in the course of their work must report this immediately to the manager who will follow the setting manager's procedures and guidance for responding.

999 should always be used when the immediate attendance of a police officer is required. The police support the use of 999 in all cases where:

- there is danger to life
- there is a likelihood of violence
- an assault is, or is believed to be, in progress
- the offender is on the premises
- the offence has just occurred, and an early arrest is likely

If it is not possible to speak when making a 999 call because it alerts an offender, cough quietly or make a noise on the line, then follow the prompts to dial 55 (mobiles only) for a silent call. Police may be able to trace the call and attend the premises.

Harassment and intimidation

Staff may find themselves subject to a pattern of persistent unreasonable behaviour from individual parents or service users. This behaviour may not be abusive or overtly aggressive but could be perceived as intimidating and oppressive. In these circumstances staff may face a barrage of constant demands or criticisms on an almost daily basis, in a variety of formats for instance, email or telephone. They may not be particularly taxing or serious when viewed in isolation but can have a cumulative effect over a period of undermining their confidence, well-being, and health. In extreme cases, the behaviour of the parent or other service user may constitute an offence under the Protection from Harassment Act 1997, whereby:

A person must not pursue a course of conduct:

(a) which amounts to harassment of another, and

(b) which he knows or ought to know amounts to harassment of the other.

If so, the police have powers to act against the offender. Such situations are rare but, when they do arise, they can have a damaging effect on staff and be very difficult to resolve. If the actions of a parent appear to be heading in this direction, staff should speak to their manager who will take appropriate action to support.

Banning parents and other visitors from the premises

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.
- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the setting withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police and they are treated as a trespasser.
- Full records are kept of each incident, in the child's personal folder, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

Dealing with an incident

- We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e. parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

Harassment or intimidation of staff by parents/visitors

- Where the parent's behaviour merits it, the setting manager, with another member of staff present, will inform the parent clearly but sensitively that staff feel unduly harassed or intimidated and are considering making a complaint to the police if the behaviour does not desist or improve. The parent should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the manager.

- The manager will advise the parent to make a formal complaint. Information about how to complain is clearly displayed for parents and service users.

- If the investigation concludes that the parent's expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent and subsequently, if necessary, with the police.

- Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to our Complaints procedure for parents and service users.

Lone Working

At Little Elms we aim to ensure that no member of the team is left alone working in either a room alone or within the building at any time. However, there may be occasions when this isn't always possible due to:

Toilet breaks
Lunch cover
Nappy changes
Comforting a child that may be unwell in a quiet area
Following a child's interest, as this may lead staff away with a child to explore an area
Supporting children in the toilet area
The duties some team members have, e.g. management, opening and closing the setting, carrying out cleaning or maintenance at the setting and staff operating outside of operating hours.

We always ensure that legal staff: child ratios are maintained. It is the responsibility of both the employee and Manager to identify the hazards and minimise the risks of working alone. Considerations when deciding on lone working include how lone workers manage with a variety of tasks such as talking to parents and supervising activities whilst maintaining the safety and welfare of children and ensuring that each member of staff required to work alone has the training and/or skills for the role; e.g. paediatric first aid certificate, child

protection/safeguarding training and competency, food hygiene training and if children younger than school reception age are present; hold a level 3 qualification.

Public liability insurance for lone working will be sought where applicable. Employees/managers' responsibilities when left in a room alone include ensuring:

Completing a risk assessment for staff working alone
Ratios are maintained
There is someone to call on in an emergency if required
The member of staff and children are safeguarded at all times.

Employee's responsibilities when left in the room alone:

To ensure they have access to a telephone at all times in order to call for help if they need it, or for management to check their safety if they are concerned
Report any concerns for working alone to the management as soon as is practicably possible.

Management's responsibilities when staff are left working alone:

To ensure staff working alone are competent and confident to carry out any safety procedures e.g. fire evacuation.
To check that the employee has someone they can contact in the event of an emergency, and the numbers to call
To ensure that employees have the ability to access a telephone whilst lone working
Risk assessments are also completed for these occasions including hazards and risks and how these are controlled.

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 will 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.
- Anti-bacterial soap/hand wash is normally used.
- 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.

Manual handling

- All staff comply with risk assessment and have a personal responsibility to ensure they do not lift objects likely to cause injury.
- Members of staff bring to the manager's attention to any new risk, or situations where the control measures are not working.
- Risk assessments may need to be changed for some individuals, such as a pregnant woman, or staff with an existing or previous injury or impairment that may affect their capacity to lift.
- Risk assessment is carried out of the environment in which the lifting is done. Features such as uneven floor surfaces, stairs, etc. add to the general risk and need to be taken into consideration.
- Young children can be heavy and need to be lifted and carried carefully and correctly.

Guidelines:

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.

- Do not hold children by standing and resting them on your hips.
- Managers are responsible for carrying out risk assessment for manual handling operations, which includes lifting/carrying children and lifting/carrying furniture or equipment.

Jewellery

Children, staff members, volunteers and students do not attend the setting wearing jewellery or fashion accessories that may pose a potential hazard to other children or themselves.

- Health and safety take precedence over respect for culture, religion or fashion.
- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, earrings - other than studs, chain necklaces, or bracelets with attachments that can be pulled off, or belts with large buckles.
- Parents must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Amber beads for teething pain relief are not to be worn due to the risk of choking posed to the infant and other children who may remove them.

Animals bought in by visitors

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.

Face painting

Children are face painted only if parents have given prior written consent. Verbal consent is fine at events where parents are present.

- A child who does not want to have their face painted will not be made to continue.
- Children with open sores, rashes or other skin conditions are not painted.
- Glitter based face paints are not used on children under two years of age.
- Members of staff painting children's faces wash their hands before doing so, cover any cuts or abrasions and ensure they have the equipment they need close to hand.
- Only products with ingredients compliant with EU and FDA regulations are used.

Clean water is used to wash brushes and sponges between children.

Notifiable incident, non- child protection

Staff respond swiftly, appropriately and effectively in the case of an incident within the setting. Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable' incident' could include:

- fire or suspected arson
- electric or oil fault
- burst pipe, severe leak or flooding
- severe weather that has caused an incident or damage to property
- break-in with vandalism or theft
- staff, parent or visitor mugged or assaulted on site or in vicinity on the way to or from the setting
- outbreak of a notifiable disease
- staff or parent threatened/assaulted on the premises by a parent or visitor
- accidents due to any other faults (that are reportable under RIDDOR)

- lost child
- any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use

The designated health and safety officer:

- has all emergency services numbers immediately to hand
- has a list of contacts for maintenance and repair
- ensure that members of staff know what to do in an emergency
- risk assess the situation and decides, if the premises are safe to receive children before any children are arrive or to offer a limited service

Emergency evacuation

In most instances, children will not be evacuated from the premises unless there is an immediate risk or unless they are advised to do so by the emergency services.

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.
- Emergency evacuation procedures are practised regularly and are reviewed regulary.
- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will act upon the advice of the emergency services at all times.

Emergency Closure

The circumstances under which the setting may be closed due to an incident include:

- The Manager make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
  - the emergency services
- A parent makes the decision for their child not to attend.

- If a parent makes the decision for their child not to attend due to a critical incident, the child's fees are due as normal.

Recording and reporting

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time).
- The setting manager completes an incident record who according to the severity of the incident notifies Ofsted or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

- Specified injuries at work, as detailed at www.hse.gov.uk/pubns/indg453.pdf
- Fatal accidents to staff, children and visitors (parents).
- Accidents resulting in the incapacitation of staff for more than seven days.
- Injuries to members of the public, including parents' and children, where they are taken to hospital.
- Dangerous 'specified' occurrences, where no-one is injured but they could have been.

The setting manager completes an accident and/or incident record; witness statements are taken as previously detailed.

- If the incident is RIDDOR reportable, the setting manager telephones HSE Contact Centre on 0345 300 9923 or reports online at www.hse.gov.uk/riddor/report.htm
- RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

The local authority investigates all reported injuries, diseases or dangerous occurrences. They will decide if there has been a breach in health and safety regulations and will decide what measures will be taken.

The managers review how the situation was managed, as above, to ensure that investigations were rigorous and that policies and procedures were followed.

If an insurance claim is likely:

- incidents such as fire, theft or flood are notified to the insurance provider immediately
- the setting does not admit liability
- if broken or faulty equipment is involved, it must not be repaired, destroyed or disposed of, in case it is needed during the investigation
- if communication from a solicitor is received on behalf of the injured party, this is sent directly to the insurance provider; the setting manager will then write to the solicitor to confirm that the letter has been passed on
- the incident is not discussed with any outside persons, or other parents, no matter what questions they may ask about their own child's safety in relation to the incident, as it is regarded as confidential under the Data Protection Act.

Terrorist threat/attack and lock-down

Most procedures for handling an emergency are focussed on an event happening in the building. However, in some situations we will be advised to stay put (lock-down) rather than evacuate. 'Lock-down' of a building/group of buildings is intended to secure and protect occupants in the proximity of an immediate threat. By controlling movement in an area, emergency services can contain and handle the situation more effectively.

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager will check our police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- The setting manager is aware of the current terrorist alert level, as available at www.mi5.gov.uk/threat-levels.

- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information about this procedure is shared with parents and all staff are aware of their role during 'lockdown'.
- A phone call or email is issued to parents when lockdown is confirmed.

Suggested wording for parent message

Due to an incident we have been advised by the emergency services to secure the premises and stay put until we are given the 'all clear'. Please do not attempt to collect your child until it is safe to do so. We will let you know as soon as we are able to when that is likely to be. In the meantime we need to keep our telephone lines clear and would appreciate your cooperation in not calling unless it is vital that you speak to us.

Lock-down procedures

If an incident happens the setting manager acts quickly to assess the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and place the setting into 'lockdown' until the emergency services arrive. As soon as the emergency services arrive at the scene staff comply with their instructions.

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.
- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.
- Staff tune into a local radio station for more information.
- Staff do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to the next room/area, following usual fire procedures.

The door will not be opened once it has been secured until the manager is officially advised "all clear" or is certain it is emergency services at the door.

During lockdown staff do NOT:

- travel down long corridors
- assemble in large open areas
- call 999 again unless there is immediate concern for their safety, the safety of others, or they feel they have critical information that must be passed on

Following lockdown:

- Staff will cooperate with emergency services to assist in an orderly evacuation.
- Staff will ensure that they have the register and children's details.
- Staff or children who have witnessed an incident will need to tell the police what they saw. The police may require other individuals to remain available for questioning.
- In the event of an incident it is inevitable that parents will want to come to the setting and collect their children immediately. They will be discouraged from doing so, until the emergency services give the 'all clear'. Staff will be always acting on the advice of the emergency services.
- A record is completed as soon as possible.

Further guidance

Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti-terrorist hotline: 0800 789 321.

For non-emergency, call the police on 101.

Fire safety

Designated Fire Marshalls are: Katie Moss

Aim

We meet all statutory requirements about fire safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare Requirements.

Objectives

- We recognise that we have a corporate responsibility and a duty of care for those who work in and receive a service from our provision, but individual employees and service users also have a responsibility to ensure their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- A fire safety risk assessment is carried out by a competent person in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- A Fire Log is completed and regularly updated.
- Necessary equipment is in place to promote fire safety.

The manager has access to, or a copy of, the fire safety procedures specific to the building and ensure they align with these procedures. The manager makes reasonable adjustments as required to ensure the two documents do not contradict each other.

Fire safety risk assessment

02.1a Fire safety risk assessment form is carried out in each area of the setting by a competent person using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards
    - Sources of ignition.
    - Sources of fuel.
    - Sources of oxygen (including oxygen tanks for disabled children).
2. Identify people at risk
    - People in and around the premises.

- People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.

3. Evaluate, remove, reduce and protect from the risk
    - Evaluate the risk of the fire occurring.
    - Evaluate the risk to people from a fire starting on the premises.
    - Remove and reduce the hazards that may cause a fire.
    - Remove and reduce the risks to people from a fire.
4. Record, plan, inform, instruct, train
    - Record significant findings and action taken.
    - Prepare an emergency plan.
    - Inform and instruct relevant people; inform and co-operate with others.
    - Provide training.
5. Review
    - Keep assessment under review and revise when necessary.

The fire safety risk assessment focuses on the following for each area:

- Electrical plugs, wires, sockets.
- Electrical items.
- boilers.
- Cookers.
- Flammable materials, including furniture, furnishings, paper etc.
- Flammable chemicals (which are also covered in COSHH).
- Means of escape.
- Any other, as identified.

Fire safety precautions include:

- All electrical equipment is checked by a qualified electrician annually.

- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.

Fire Drills

- Fire Drills are held at least termly.
- Drills are recorded, including:
    - date of drill
    - staff involved and numbers of children
    - how long it took to evacuate
    - any reason for a delay in achieving the target time and how this will be remedied.

Fire precautions

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.
- Fire evacuation notices are in every room; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested termly, and where necessary supplemented with visual warnings. This is recorded.
- Smoke alarms are in place and tested termly. This is recorded.
- A fire blanket is in place in the kitchen (and any other location where there is a cooker).
- Fire extinguishers are in place and are appropriate

Health and Safety – Care of Children

This setting believes that the health and safety of all children is of paramount importance. We make our setting a safe and healthy place for children, parents, practitioners and volunteers. We aim to make children, parents and practitioners 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 public liability insurance and employer's liability insurance. The certificate for public liability insurance is displayed in the settings foyer. Induction Training Our induction training for practitioners, students 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.

Induction Training

Our induction training for practitioners, students 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 matter of employee wellbeing, including safe lifting and the storage of potentially dangerous substances.

Records are kept of these induction training sessions and new team members, students and volunteers are asked to sign the records to confirm they have taken part. Staff regularly update health and safety practices as appropriate. We ensure that during the induction process that team members, students and volunteers are aware of the following:

- We have a no smoking/ Vaping policy anywhere on the premises.
- If they arrive at the setting clearly under the influence of illegal drugs or alcohol they will be asked to leave immediately and disciplinary procedures implemented.

Risk Assessments

We complete general risk assessments on both the indoor and outdoor environment to identify hazards within the learning environment. Control measures are stated to minimise the potential hazard. An action plan is then completed if needed. These specify the action required, the timescales for action and the person responsible for the action. These risks assessments are reviewed on a regular basis.

On a daily basis a practitioner checks the indoor and outdoor environment to ensure that it is safe.

Visits and Outings

Risk assessment forms have also been devised for visits and outings. Practitioners will ensure the following procedures take place:

• Parents have agreed and signed consent forms to allow their child to participate. If a parent does not give consent to their child being taken off the premises this is shared with all the team.

• A risk assessment is carried out before an outing by the room leader. All practitioners involved in the visit read and sign the risk assessment. This is evaluated after the visit.

• Our adult to child ratio is high.

• Named children are assigned to individual staff to ensure each child is individually supervised and to ensure a child does not get lost. It also ensures that there is not any unauthorised access to children.

• Practitioners take the work mobile phone, first aid bag, essential medication and snack, including water on outings.

In the unlikely event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard fire safety and evacuation procedure will be followed. The incident is recorded when the threat is averted.

In the unlikely event of a child dying on the premises the emergency services are called and the advice of these services are followed.

Security

Little Elms preschool has 24hour CCTV. The preschool has an intercom system and both play rooms have a key code lock entrance system in place. The number is confidential to only team members and cleaning staff. Systems are in place for the safe arrival and departure of the children. Parents are only able to enter the room when a member of the team lets them in. This also ensures that the children do not leave the premises unnoticed. The security system does not allow anyone to enter unannounced.

Children's Safety

The following points have been implemented to ensure the safety of the children.

• Windows are fitted with inhibitors to prevent children climbing through them.

• All doors are fitted with finger protectors to prevent trapped fingers. Practitioners are also extra vigilant when doors are open and closed.

• The flooring within the rooms is non slip and spillages are cleared away to prevent accidents happening.

• Children are made aware of health and safety issues through discussion, planned activities and routines.

Kitchen

The following procedures are maintained when using the kitchen:

• Children do not have access to the kitchen.

• All surfaces are clean and non-porous.

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

• Cleaning materials and other dangerous materials are stored in a high cupboard out of children's reach.

Electrical

• All electrical equipment conforms to safety requirements and is checked regularly.

• Our boiler cupboard is not accessible to the children.

• Electrical 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.

• Natural 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 indoors and outdoors are stored or stacked safely to prevent them accidentally falling or collapsing.

Outdoor Area

• Our outdoor area is securely fenced.

• The outdoor area is checked for safety and cleared of rubbish before it is used. A form is used to record this information/hazards noted daily and action taken

• Adults are alerted to the dangers of poisonous plants

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

• Outdoor area is checked daily for water trapped in horizontal places. Items are stored upside down by practitioners to prevent water being permitted to lay.

• Our outdoor sandpit is covered when not in use and is cleaned regularly.
• All outdoor activities are supervised at all times.

Activities
• Before the 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's regularly checked for cleanliness and safety and any dangerous items are repaired or discarded
• All materials – including paint and glue – are nontoxic and washable.
• Sand is suitable and clean for children's play
• Physical play is constantly supervised.
• Children are taught how to handle and store tools safely
• Children who are sleeping are checked regularly
• Children learn about health, safety, and personal hygiene through the activities we provide and routines we follow.

Missing Child

Please see our Missing Child Policy

Food and Drink

Please see our Food and Drink Policy

We have a food and drink policy in place to support this section.

• Practitioners who prepare and handle food receive appropriate training and understand and comply with the food safety and hygiene regulations.

• All food and drink is stored appropriately

• Adults do not carry hot drinks through the play area and do not place hot drinks within reach of children.

• Snack and mealtimes are appropriately supervised and all children are encouraged to be seated when eating and drinking.

• 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.

• Environmental health assessed the preparation kitchen to enable us to prepare snack.

Hygiene

Please see out Hygiene and Infection Control Policy

• We regularly seek information from the Environmental Health Department and the Health Authority to ensure that we keep up to date with the latest recommendations.

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

• We have schedules 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.

• In our nappy changing area we have facilities for the disposal of nappies.

• • We implement good hygiene procedures by: - Cleaning tables between activities.

• - Checking toilets regularly.

• - Wearing protective clothing – such as aprons and disposable gloves.

• - Providing sets of clean clothes.

• - Providing tissues and wipes.

Fire Safety

Please see our Fire Evacuation section

In the event of a fire, a member of the team will raise the alarm immediately and the emergency service will be called at the earliest opportunity.

All children will immediately be escorted out of the building to the assembly point using the nearest marked exit. No attempt will be made to collect personal belongings, or to re-enter the building after evacuation.

The room will be checked by the most senior team member before leaving to ensure everyone is safe.
On exiting the building, the practitioner will close all accessible doors and windows to prevent the spread of fire. They will also collect any medical items and a mobile phone.
The register will be taken, and all children and staff accounted for. If any person is missing from the register or signing in and out sheets, the emergency services will be informed immediately.

Closing the Pre-school in an Emergency

In very exceptional circumstances, the setting may need to be closed at very short notice due to unexpected emergency. Such incidents could include:

- • Serious weather conditions
- • Heating system failure
- • Burst water pipes
- • Discovery of dangerous structural damage
- • Fire or bomb scare/explosion
- • Death of a member of the team
- • Serious assault on a member of the team from the public
- • Serious accident or illness

In such circumstances the manager and the team will ensure that all steps are taken to keep both the children and themselves safe. All staff and children will assemble at the assembly point, where a register will be taken.
Steps will be taken to inform parents/carers and to take the necessary.

First aid and medication

All Staff members have current first aid training. The first aid qualification includes first aid training for infants and young children.
Our first aid kit:

- Complied with health and safety (first aid) regulations 1981
- Is checked termly by a designated member of the team and restocked as necessary.
- Is easily accessible to adults.
- Is kept out of reach of children.

At the time of admission to the setting, parents/carers 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 the team to take their child to the nearest Accident and Emergency unit in the event of an accident or emergency involving their child, it states that they understand that every effort will be made by us to contact them immediately.

Administration of Medication (updated Summer 2017 in line with UNISON Managing Medicines Guidelines)

We promote the well-being of all children and have a whole community approach to the provision of medical care, with a lead from health professionals.

Forms are completed for administering medication.

• Medication can only be administered if parents have completed a medication form. Without written consent practitioners **will not** administer medication.

• Staff **will not** administer non-prescription drugs, such as calpol, Unless a child has a temperature and a parent is struggling to get to setting in good time. Written consent is given from parents for this. If a child is taking such medicine they should not attend and staff will advise parents to keep children at home.

• Prescribed medication may be administered. However, 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 medications are stored appropriately in their original containers, are clearly labelled and are inaccessible to the children.

• Parents give prior written permission for the administration of medication on a medication consent form. This states the name of the child, date and the times to be administered any the quantity of the dose.

• The administration is recorded accurately on the medication consent form each time it is given and is signed by the member of the team. Parents sign and date the form to acknowledge the administration of the medicine.

• Children with complex medical needs have an individual care plan and these will be regularly reviewed and updated. These include a risk assessment produced in line with their care plan. This will be put in place prior to the child's attending the setting.

• We recognise that staff has the right to refuse to administer medication if they do not feel confident to do so. In this situation we would refer to the room leader and then a parent.

• Staff will follow safety procedures and protect their own health.

• If the administration of prescribed medication requires medical knowledge (e.g. epipen), individual training is provided for the relevant members of the team by a health professional or parent of a child with a medical need.

• Asthma – please refer to our separate illness policy regarding the care of children with Asthma in our setting.

To ensure everyone is following the same guidelines. The following priorities are absolute essential for staff to follow:

• Date
• Check child's name
• Type of Medication
• Dose given
• Time of administer

The forms are kept for at least 2 years.
The EYFS is the statutory document concerning this.

Reportable Incidents
When there is an injury requiring general practitioner or hospital treatment to a child, parent, student, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the health and safety executive using the format for the reporting of injuries, diseases and dangerous occurrences.

Our Accident book is:
• Kept safe and accessible
• All team members know where it is kept and how to complete it.
• Is reviewed in line with the risk assessment cycle annually to identify any potential or actual hazards.

First Aid incidents within the setting

The pre-school meets the requirements of the: **The Health and Safety at Work Act 1974** and the **Management of Health and Safety at Work Regulations 1999.**
If a child has a first aid incident within the setting it is recorded within the accident records book. The following information is recorded:
• Child's name
• Date and time of injury
• Where it happened (inside outside)
• Nature of the injury
• Treatment
• Practitioner who dealt with the injury

We also record significant incidents to monitor children's behaviour, the following information is recorded:
• Where then incident happened
• Who was involved
• The nature of the incident
• How the incident was dealt with
• The practitioner who dealt with the incident

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.
• If a child becomes ill outside setting hours, the parent/carer should notify the setting as soon as possible. The minimum exclusions periods outlined in the 'Guidance on Communicable Diseases' (Health Protection Agency) will then apply.

Parents will be notified immediately if their child becomes unwell at the setting and needs to go home. The child will be comforted, kept safe and under safe supervision until they are collected. The child should remain at home until they are better for at least 24 hours, or according to the times set out in the 'Guidance on Communicable Diseases'.
• If a member of the team becomes ill at work similar restrictions on their return will apply.

• Children with headlice are not excluded, but must be treated to remedy the condition. The child concerned will not be isolated from the other children and there is no need for them to be excluded from activities or sessions at the setting.
• Parents are notified if there is a case of headlice within the setting and advice and guidance on treating headlice will be provided.
• Parents are notified if there is an infectious disease such as chicken pox. A sign will be added to the main door to inform parents.
• 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.
• Practitioners suffering from sickness and diarrhoea should not be present at the setting.
• The LA are notified of any infectious diseases that a qualified medical person considers notifiable.

Visitors
All visitors to the Preschool are asked for ID and then asked to sign IN and OUT in the visitor's book. Pre-arranged visits are recorded in the appropriate diary.

Reviewed by Samantha Willers

Date: February 2026