

# **Health and Safety Policy**

**Health and Safety Officer: Charli Donnelly**

## **Statement of intent**

Little Sunbeams believes 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.

### **Aim:**

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

### **Methods:**

The member of staff responsible for health and safety is competent to carry out these responsibilities. They have undertaken health and safety training and regularly updates their knowledge and understanding. We display health and safety posters around our setting.

### **Risk assessment:**

Our risk assessment process includes:

1. Checking for hazards and risks indoors and outside, and in our activities and procedures. our assessment covers adults and children.
2. Deciding which areas need attention
3. Developing an action plan which specifies the action required, the time scales for action, the person responsible for the action and any funding required.
4. Recording the temperature of the refrigerator daily before the session begins
5. Reviewing health and safety as an item on the agenda at all staff meetings which take place approximately every six weeks and updating risk assessments accordingly.

### **Insurance Cover:**

We have public liability insurance and our certificate is displayed on our notice board.

### **Awareness raising:**

1. Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults are able to adhere to our policy and understand their shared

responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.

2. 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.
3. Health and safety issues are explained to the parents of new children so that they understand the part they play in the daily life of the pre-school.
4. As necessary, health and safety training is included in the annual training plans of staff and health and safety matters are discussed at all staff meetings.
5. There is a no smoking policy throughout the building.
6. Children are made aware of health and safety issues through discussions, planned activities and routines.

### **Children's safety:**

1. Only persons who have been checked for criminal records by an enhanced disclosure from the Disclosure and barring service (DBS) have unsupervised access to the children.
2. All children are supervised by adults at all times.
3. At least three adults are present at every session regardless of how many children are present.

### **Security:**

1. A member of staff greets the parents when children are being dropped off and collected, to ensure the safe arrival and departure of children.
2. A register is completed at the start of each session and kept in a place known to all members of staff. The times of the children's arrivals and departures are recorded on this.
3. Visitors are asked to sign in and out in the visitor's book.
4. The doors and garden gates are kept locked during sessions to prevent unauthorised access to our premises and to prevent children from leaving our premises unnoticed.
5. The security code on our main access door is only known to permanent members of staff and must be changed to a code of the Manager's choice should a permanent staff member leave. If there is suspicion that any unauthorised person has knowledge of the code, it must be changed immediately. The code can only be changed by a Manager.
6. The personal possessions of staff and volunteers are securely stored during pre-school sessions.

### **Doors and floors:**

1. We take precautions to prevent children's fingers from being trapped in doors.
2. All floors are checked daily to ensure they are clean and not uneven or damaged.

### **Kitchen Area:**

1. Children do not have unsupervised access to the kitchen area.
2. All surfaces are clean and non-porous.
3. There are separate facilities for hand-washing and for washing up.

4. Cleaning materials and other dangerous materials are stored out of children's reach
5. When children take part in cooking activities, they:
  - are supervised at all times
  - are kept away from hot surfaces and hot water
  - do not have unsupervised access to electrical equipment.

**Electrical equipment:**

1. All electrical equipment conforms to safety requirements and is checked regularly.
2. Radiators, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
3. There are sufficient sockets to prevent overloading.
4. Lighting and ventilation is adequate in all areas including storage areas.

**Storage:**

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

**Outdoor area:**

1. Our outdoor area is checked for safety and secured daily by fencing. It is cleared of rubbish and checked for signs of animal deposits before it is used.
2. All outdoor activities are supervised at all times.
3. Adults and children are alerted to the dangers of poisonous plants.
4. We request that children do not wear open-toe shoes to pre-school as these can cause injury and accidents during physical activities, especially those which take place outside.

**Sun protection**

1. It is parent's responsibility to ensure that their child is adequately protected from the sun by applying sunscreen before attending a preschool session, sun cream can only be reapplied during session by a member of staff if a consent has been obtained from the parent/carer.
2. We ask parents to ensure their children wear T-shirts not sleeveless vests and we encourage the use of sunhats. Children will be taken indoors if they seem to be adversely affected by the heat.
3. We site activities in the shade wherever possible
4. We plan activities and stories to teach the children about sun safety and encourage parents to do the same.

## **Hygiene:**

1. We regularly receive information from the Environmental Health Department and the Health Authority to ensure that we keep up-to-date with the latest recommendations.
2. Our daily routines encourage the children to learn about personal hygiene. All children wash their hands before eating and cooking activities and are encouraged to do so independently after going to the toilet. Paper towels are provided.
3. Children are reminded to wipe their noses when necessary and to cover their mouths when they cough, and use bin provided for disposal of tissues.
4. The premises are cleaned daily including the play rooms, kitchen area, toilets and nappy changing area.
5. Our resources and equipment, dressing up clothes and furnishings are thoroughly cleaned half termly.
6. The toilet area has a high standard of hygiene including hand washing and drying facilities.
7. We implement good hygiene practices by:
  - disinfecting tables before snack time
  - wiping up spillages immediately
  - checking toilet area regularly
  - wearing protective clothing - such as disposable gloves - as appropriate
  - providing sets of clean clothes
  - providing tissues and wipes
  - all drinking cups are washed daily and tea towels are changed daily
  - using a hand dryer or paper towels for drying hands

## **Headlice**

If a child within setting is found to have head lice or a parent informs us that their child has had head lice then a notification is sent out to all parents asking them to check their child's hair and advising them of treatment and prevention methods.

## **Jewellery**

We prefer that children do not wear any form of jewellery to pre-school. If your child has pierced ears, we would prefer that earrings are removed while your child is in setting, however if earrings are worn they must be small studs only.

## **Activities**

1. 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.
2. The layout of play equipment allows adults and children to move safely and freely between activities.
3. All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.

4. All materials - including paint and glue - are non-toxic.
5. Sand is clean and suitable for children's play.
6. Physical play is constantly supervised.
7. Children are taught to handle and store tools safely.
8. Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

### **Food and drink:**

1. Staff who prepare and handle food receive appropriate training and understand - and comply with - food safety and hygiene regulations.
2. All food and drink is stored appropriately.
3. Adults do not carry hot drinks through the play areas and do not place hot drinks within reach of children.
4. Snack times are appropriately supervised and children do not walk about with food and drinks.
5. Fresh drinking water is available to the children at all times.
6. We operate systems to ensure that children do not have access to food/drinks to which they are allergic.
7. Lunch boxes provided by the parents will be checked to ensure foodstuffs are in date and suitable for consumption, any product found to be passed its use by date, or unsuitable for consumption will be returned uneaten to the parents.

### **Outings and visits**

The following is our agreed procedure for the safe conduct of outings.

1. Parental consent for outings is obtained via our registration form.
2. The children are appropriately supervised to ensure no child gets lost and that there is no unauthorised access to children.
3. We will only plan activities that are covered by our insurance policy.
4. Adult to child ratio on outings is normally one adult, to up to four children, depending on their age, sensibility and type of venue, as well as how it is to be reached.
5. Staff will take a mobile phone on outings and supplies of tissues, wipes, pants, etc, as well as a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for.

For those children remaining at pre-school, the adult to child ratio conforms to the Statutory Framework requirements of the EYFS.

## **Animals**

- Animals visiting the pre-school are free from disease, safe to be with children and do not pose a health risk.

## **Fire Safety**

1. Fire doors are clearly marked, never obstructed and easily opened from inside.
2. Smoke detectors/alarms and fire fighting appliances conform to BSEN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
3. Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - clearly displayed in the premises;
  - explained to new members of staff, volunteers and parents; and
  - practised regularly by all staff and children at least once every half term.
4. Records are kept of fire drills and the church has records of the servicing of fire safety equipment.
5. In case of a fire, the only priority is to ensure that all the children are safely evacuated from the building. Staff will not attempt to put out a fire.

## **First aid and medication**

At least one member of staff with a current first aid training certificate (including first aid training for infants and young children) is on the premises or on an outing at all times.

### **Our first aid kit:**

1. Complies with the Health and Safety (First Aid) Regulations 1981
2. Is regularly checked by a designated member of staff and re-stocked as necessary
3. Is easily accessible to adults
4. Is kept out of the reach of children.

At the time of admission to the pre-school, parents' written permission for emergency medical advice or treatment is sought. Parental permission is also sought for a member of staff to accompany their child to hospital if the parent is not available in an emergency. Parents sign and date their written approval.

### **Our Accident Book:**

1. Is kept safely and accessibly in the filing cabinet and all staff and volunteers know where it is kept
2. In the event of an accident the parent/carer (or authorised adult collecting the child) will be made aware of the report and asked to sign to say that they have seen the report.
3. Is reviewed at least half termly to identify any potential or actual hazards.

Ofsted is notified of any serious injury requiring hospital treatment, or the death of a child or adult. Any serious injury requiring hospital treatment to a child, parent, volunteer or visitor is reported to the local office of the Health and Safety Executive.

## **Riddor**

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

1. Any accident to a member of staff requiring treatment by a General Practitioner or hospital
2. Any dangerous occurrences (i.e. an event which does not cause an accident but could have done).

Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children. Parents give prior written permission for the administration of medication. The administration is recorded accurately, the required dosage is witnessed by another member of staff, and parents sign the record to acknowledge the administration of a medicine.

With regard to the administration of life saving medication such as insulin/adrenalin injections or the use of nebulisers, the position will be clarified by reference to the pre-school's insurance company. If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.

## **Sickness**

1. Parents are asked to provide us with up-to date contact numbers for emergencies such as sickness.
2. If a child seems unwell, becomes ill or has a serious accident whilst at preschool then we will contact parents immediately to discuss arrangements for the child to be taken home or to the doctors/hospital.
3. If a child (or adult) at the setting develops an infectious disease (such as chicken pox) whilst at home they should stay at home until they are no longer infectious and let us know so we can inform other parents (in confidentiality) that their children may have been exposed to the illness.
4. If a child or adult at the setting has had vomiting/diarrhoea or a temperature they need to stay away from preschool until 48 hours after the symptoms have ceased.

We will notify Ofsted of any infectious diseases, which a qualified medical person considers notifiable. A list of notifiable diseases is contained in the setting. Ofsted now require notification of any food poisoning affecting 2 or more children looked after on the premises and the outbreak of any of the listed notifiable diseases including meningitis.

## **Safety of adults**

1. Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
2. When adults need to reach up to store equipment they are provided with safe equipment to do so.
3. All warning signs are clear and in appropriate languages.
4. The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues which need to be addressed.

## **Records**

In accordance with the statutory framework for the EYFS (2018), we keep records of:

1. Adults authorised to collect children from pre-school; parents may provide authorisation by listing names on the registration form or writing a letter on the day to make special arrangements.
2. The names, addresses and telephone numbers of emergency contacts in case of children's illness or accident.
3. The allergies along with a procedures to follow in the event of any reaction occurring, dietary requirements and illnesses of individual children.
4. The times of attendance of children, staff, volunteers and visitors.
5. Accidents and Incidents.

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

1. Risk assessment.
2. Record of visitors.
3. Fire safety procedures.
4. Fire safety records (and LHFC hold valid certificates).
5. Operational procedures for outings.
6. Administration of medication.
7. Prior parental consent to administer medicine.
8. Record of the administration of medicines.
9. Prior parental consent for emergency treatment.
10. Accident record.
11. Sick children.
12. No smoking.



## APPENDIX 1

### Exclusion Period for Illness and Infections

INFECTION	EXCLUSION PERIOD	COMMENTS
Athletes Foot	None	Treatment is recommended and socks should be worn
Chicken Pox	Minimum of 5 days from onset of rash and all the lesions have crusted over	
Cold Sores (herpes simplex)	Until crusted over	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	Until the eye is running clear	If an outbreak/cluster occurs, consult local HPT (health protection team)
Diarhoea and Vomiting	Whilst symptomatic and min of 48 hours after the last symptoms	
Diphtheria *	Exclusion is essential until child is completely recovered	Preventable by vaccination. Family contacts must be excluded until cleared to return by the HPT
Flu (influenza)	Until recovered	Report to HPT in the event of multiple cases
Glandular Fever	Until child is well and fever free	
Hand Foot and Mouth	Until rash has scabbed over	Contact HPT if a large number of children are affected
Head Lice	Until hair has been treated	Request all family are checked and treatment is given when live lice are seen
Hepatitis A *	Minimum of 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In the vent of an outbreak, HPT will advise on control measures

INFECTION	EXCLUSION PERIOD	COMMENTS
Hepatitis B *, C *, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact HPT for more advice
Impetigo	Until lesions are crusted/healed	Antibiotic speeds healing and reduces the infectious period
Measles *	Minimum of 5 days from onset of rash and not until child is fully recovered	Preventable by vaccination (2 doses of MMR) Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their Gp or midwife
Meningococcal meningitis */ septicaemia *	Until fully recovered	Meningitis ACWY and B are preventable by vaccination. Local HPT will advise on any action needed
Meningitis * due to other bacteria	Until fully recovered	Hib and Pneumococcal meningitis are preventable by vaccination. Local HPT will advise on any action needed
Meningitis viral *	Until fully recovered	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. Contact HPT for more information
Mumps *	Minimum of 5 days after onset of swelling and not until child is well again	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff

INFECTION	EXCLUSION PERIOD	COMMENTS
Ringworm	After treatment and must be covered	Treatment is needed
Rubella (German Measles)	Minimum of 5 days from onset of rash and not until rash has disappeared	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlett Fever	48 hours from starting antibiotic treatment, or 14-21 days from onset of treatment if no antibiotics	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, contact HPT
Scabies	After treatment has begun	All household members and close contacts require treatment at the same time
Slapped cheek / fifth disease / Parvo virus B19	Until child feels well again	Pregnant contacts of case should consult with their GP or midwife
Threadworms	After treatment	Treatment recommended for child and household
Tonsillitis	Until child is fever free and well	There are many causes, but most cases are due to viruses and do not need antibiotic treatment
Tuberculosis (TB)	Always consult local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and Verrucae	None Socks must be worn	Verrucae should be covered in swimming pools, gyms and changing rooms

INFECTION	EXCLUSION PERIOD	COMMENTS
Whooping Cough (Pertussis) *	48 hours from starting antibiotic treatment, or 21 days from onset of treatment if no antibiotics	Preventable by vaccination. After treatment, non infectious coughing may continue for many weeks. Local HPT will organise any contact tracing

**\*Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Version	Changes made	Author	Date
1.0	Baseline version	Lyn D	12 <sup>th</sup> Oct 2015
1.1	Change of Officer	Lyn D	21 <sup>st</sup> May 2016
1.2	Under heading of Risk assessment, the paragraph relating to termly risk assessments has been removed	Lyn D	13 <sup>th</sup> April 2017
1.3	Hygiene: Reference to items being sterilised removed	Lyn D	3 <sup>rd</sup> May 2018
1.4	Change of Officer Tweak of wording to Risk assessment: 4) and 5) Security: 2) Amended due to removal of parent signing in sheets Reference to EYFS amended to reflect latest updates Feb 2018	Lyn D	5 <sup>th</sup> Aug 2018
2.0	Appendix added – Exclusion Period for Illness and Infections	Lyn D	26 <sup>th</sup> Feb 2019
2.1	Amendments made to Security 4 & 5 and Hygiene 7 to reflect our change of premises	Lyn D	7 <sup>th</sup> Jan 2020