**Health and safety policy**

**Statement of intent**

Smart Steps Day Nursery believe that the health and safety of children, staff and visitors is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

**EYFS key themes and commitments**

|  |  |  |  |
| --- | --- | --- | --- |
| A unique child  | Positive relationships  | Enabling Environments  | Learning and development  |
| 1.2 inclusive practice 1.4 Health and well being  | 2.2 parents as partners 2.4 key person  | 3.2 supporting every child  |  |

**Aim**

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

 **Health and safety officer**

The members of staff responsible for Health and safety officer is Kim Westerman, they are competent to carry out these responsibilities. They have undertaken health and safety training and regularly update their knowledge and understanding. We display the necessary health and safety poster in the Nursery by the main entrance.

**Risk assessment**

 Our risk assessment process includes:

* Checking for hazards and risks indoors and outside, and in our activities and procedures. Our assessment covers adults and children.
* Deciding which areas need attention.
* Developing an action plan that specifies the action required, the timescales for action, the person responsible for the action and any funding required.

We maintain lists of health and safety issues, which are checked:

* Daily before the session begins, and at the end of the day.
* Annually - when a full risk assessment is carried out. All risk assessments are reviewed every 6 months, unless any change has been made to an area or a new risk has been identified then a new risk assessment will be carried out.

**Insurance cover**

 We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed in the front entrance.

**Awareness raising**

Our induction training for staff and volunteers includes a clear explanation of health and safety issues so that all adults are able to adhere to our policy and understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances. Records are kept of these induction training sessions in their personal file. And new staff and volunteers are asked to sign the records to confirm that they have taken part and read all nursery policies. Health and safety is discussed regularly at staff meetings.

 We have a no smoking policy.

 Children are made aware of health and safety issues through discussions, planned activities and routines. We also encourage the children to be a part of our risk assessments, so they can learn to identify their own risks, and how to minimise this.

 Children are encouraged to thoroughly wash their hands with anti-bacterial soap after toileting/ nappy change, before eating, after activities and after outdoor play.

**Children's safety**

 We ensure all staff employed have been checked for criminal records by an Enhanced Disclosure from the Disclosure and Barring Service.

* All children are always supervised by adults.
* Whenever children are on the premises at least two adults must be present.
* We always comply with Statutory requirements regarding ratios of adults to children. These are as follows:

0-2 years is 1 adult to 3 children

2-3 years is 1 adult to 4 children

3+ is 1 adult to 8 children- unless the adult is a qualified teacher then they can have up to 11 children.

**Security**

 Systems are in place for the safe arrival and departure of children.

* There is a lock on the main door which only staff members have access to.
* The whole building has been risk assessed to ensure no unauthorized persons have access into the building.
* The times of the children's arrivals and departures are recorded.
* The arrival and departure times of adults - staff, volunteers and visitors - are recorded.
* The personal possessions of staff and volunteers are securely stored during sessions.
* Once inside the setting visitors are required to wear a ‘visitors’ badge’ to be able to identify themselves clearly to all members of staff.
* Visitors are never left unattended at any point throughout their visit. A member of staff will be with them at all times.

**Kitchen**

 Children do not have unsupervised access to the kitchen.

* All surfaces are clean and non-porous.
* There are separate facilities for hand-washing and for washing up.
* Cleaning materials and other dangerous materials are stored in a locked cupboard out of children's reach.
* When children take part in cooking activities, they: - are supervised at all times; - are kept away from hot surfaces and hot water; - do not have unsupervised access to electrical equipment.

This is all covered in the staff induction training.

**Electrical/gas equipment**

 All electrical/gas equipment conforms to safety requirements and is checked every 12 months with an outside company who specialises in this.

* Heaters, electric sockets, wires and leads are properly guarded, and the children are taught not to touch them.
* There are sufficient sockets to prevent overloading.
* The temperature of hot water is controlled to prevent scalds.
* Lighting and ventilation are adequate in all areas including storage areas

**Storage**

 All equipment, materials and resources are stored or stacked safely to prevent them accidentally falling or collapsing. Chairs should not be stacked more than 4 at a time.

**Outdoor area**

 At Smart Steps Day Nursery Our outdoor area is securely fenced, and risk assessed.

* Our outdoor area is checked for safety before each use, this is recorded on an outdoor garden check.
* There are different outdoor checks suited to the season and weather conditions, such as- Are children wearing appropriate clothing…
* Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
* Where water can form a pool on equipment, it is emptied before children start playing outside.
* All outdoor activities are supervised at all times.
* Registers are taken outside to ensure all children are accounted for.

A first aid bag must always be taken outdoors, and any medication required for children. It is to be stored safely away from the children’s reach but easily accessible to adults when required.

**Hygiene**

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 a daily cleaning routine for the setting which includes playroom(s), kitchen, staff room, toilets, and nappy changing areas. The toilet area has a high standard of hygiene including hand washing and drying facilities and the disposal of nappies.

We implement good hygiene practices by: - cleaning tables between activities; - checking toilets regularly; - wearing protective clothing - such as aprons and disposable gloves - as appropriate; - providing sets of clean clothes; - providing tissues and wipes; disposing of waste the correct way.

**Activities**

 Before we purchase equipment and resources, they are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.

* The layout of play equipment allows adults and children to move safely and freely between activities.
* All equipment is regularly checked for cleanliness and safety and any dangerous items are repaired or discarded.
* All materials - including paint and glue - are non-toxic.
* Sand is clean and suitable for children's play and regularly sieved for foreign objects.
* Physical play is constantly supervised.
* Children are taught to handle and store tools safely.
* Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.

This is recorded on daily room checks at the start and end of the session.

**Food and drink**

* Staff who prepare and handle food receive appropriate training and understand - and comply with - food safety and hygiene regulations.
* All food and drink are stored appropriately.
* All hot drinks provided are to be consumed in the staff room and kitchen. Hot drinks are not to be taken into the rooms where the children are.
* Snack and meal times are appropriately supervised, and children do not walk around while consuming food.
* A paediatric first aid trained member of staff is available at all times in the incidents of choking.
* Fresh drinking water is available to the children at all times.
* Fresh fruit and milk are provided daily to all children.
* We operate systems to ensure that children do not have access to food/drinks to which they are allergic.
* We are a nut free nursery.
* Children and families are encouraged to bring a healthy packed lunch, we regularly discuss the importance of healthy eating with the children through activities and discussions.
* Junk food and fizzy drinks are to be consumed in the staff room away from the children, as staff also role model healthy eating.

**Outings and visits**

We have agreed procedures for the safe conduct of outings.

* Parents always sign consent forms before major outings.
* A risk assessment is carried out before an outing takes place.
* Our adult to child ratio is high.
* Children are assigned to individual staff to ensure each child is individually supervised and to ensure no child gets lost and that there is no unauthorised access to children.
* Outings are recorded in outings record book stating: - the date and item of outing - the venue and mode of transport - names of staff assigned to named children - time of return
* Staff take a nursery mobile phone on outings (camera free), supplies of tissues, wipes, pants, etc as well as a mini first aid pack and water.
* The amount of equipment will vary and be consistent with the venue and the number of children as well as how long they will be out for.
* Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.

**Animals**

* A risk assessment is carried out before the animal visits the setting
* Animals visiting the setting are free from disease and safe to be with children and do not pose a health risk.
* Children wash their hands after contact with animals.
* Outdoor footwear worn to visit farms are cleaned of mud and debris and should not be worn indoors.

**Fire safety**

 Fire doors are clearly marked, never obstructed, and easily opened from inside.

* Smoke detectors/alarms and firefighting appliances conform to BSEN standards, are fitted in appropriate high-risk areas of the building, and are checked as specified by the manufacturer.
* Our emergency evacuation procedures are approved by the Fire Safety Officer and are: - clearly displayed in the premises; - explained to new members of staff, volunteers, and parents; - practiced regularly at least once every 4 weeks.
* Records are kept of fire drills and the servicing of fire safety equipment.
* All staff are competent in dealing with a fire drill, they must remain calm to reassure the children, gather the children in a calm and timely manner along with registers and vacate the building meeting at the allocated check point. This is under the big tree outside of the front garden, it is clearly marked.
* A member of the management team will oversee collecting the children’s information box, along with a phone, staff signing in and out register and the visitors signing in and out book.
* A head count will be done straight away to ensure all children, staff and visitors are out of the building.
* Once the fire brigade has been informed all parents and carers will also be informed and asked to collect their children to ensure they are not exposed outside for a long period of time.

**First aid and medication**

At least one member of staff with current Paediatric first aid training is on the premises or on an outing at any one time. The first aid qualification includes first aid training for infants and young children.

Our first aid kit complies with the Health and Safety (First Aid) Regulations 1981. It is regularly checked monthly and re-stocked as necessary. Monthly checks are recorded and kept with the first aid equipment. It is easily accessible to adults but is kept out of the reach of children. At the time of admission to the setting, parents’ written permission for emergency medical advice or treatment is sought. Parents sign and date their written approval.

All children that require medication must have a health care plan in place, this is filled out before the child starts the setting. This ensures the correct procedures are in place to fall in line with our high standards of care.

Management has the right to decline a child’s entry if the parent/carer have not filled out the required health care plan or does not have the medication required to keep them safe, such as a child who suffers with asthma and requires an inhaler, the inhaler must be brought in every session and handed over to a member of staff who will store it appropriately.

All medication must be in date, out of date medication will not be administered to children. It will be handed back over to parents/ carers and recorded on a medication form

An administering medication form must be filled out before – unless phone consent has been given- parents/carers are to sign and date this. Only staff who have the relevant paediatric first aid training are to administer medicine; this must also be done in front of a witness. The member of staff who administered the medicine and the witness must also sign and date the medication form.

All staff that are trained in paediatric first aid, is to deal with accidents and injuries.

**Slips and Trips**

* All staff to wear appropriate footwear and sign a footwear disclaimer which is kept in their file.
* All spillages to be cleared up immediately.
* When dealing with bodily fluids protective clothing to be worn and appropriate antibacterial cleaning undertaken.

**Accident**

* Accident forms are kept safely in personal files. All staff know where the accident forms are kept, and how to complete them - this is covered in their induction training and over seen by an experienced practitioner the first few times they carry this out.
* Only staff who are paediatric first aid trained deal with accidents.
* Every 10 accidents are reviewed to identify any potential or actual hazards. If any hazards are identified this will then be dealt with accordingly in a timely manner.
* Ofsted are to be notified of any injury requiring an ambulance, treatment by a general practitioner or hospital doctor, or the death of a child or adult. When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer 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. https://www.hse.gov.uk/riddor/report.htm

**Dealing with incidents**

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

* Any accident to a member of staff requiring treatment by a general practitioner or hospital
* Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.

Where there has been an incident involving a child, it is recorded in their personal file, e.g., biting another child. Parents sign the incident form to acknowledge this, again every 10 is reviewed to try and identify a pattern in their behaviour and put a behaviour management plan in place if required. The incident is kept confidential, and no names are disclosed to parents/ carers to protect the other Childs identity.

**Administration of medication**

**At all times the administration of medication will be compliant with the Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in Managing Medicines in Schools and Early Years Settings (DfES 2005)**

* Only staff who are paediatric first aid trained can administer medicine, anyone can sign as a witness.
* Children taking prescribed medication must be well enough to attend the setting.
* Children's prescribed drugs are stored in their original containers, are clearly labelled and are inaccessible to the children.
* Parents give prior written permission for the administration of medication. This must state the name of the child, name/s of parent(s), date the medication starts, the name of the medication, the dose, and times, or how and when the medication is to be administered.
* The administration is recorded accurately each time it is given and is signed by staff. Parents/ carers sign the medicine form to acknowledge the administration of a medicine.
* If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
* medication must be in-date and prescribed for the current condition.

**Oral medication**

Asthma inhalers are now regarded as "oral medication" by insurers and so documents do not need to be forwarded to our insurance provider.

Oral medications must be prescribed by a GP or have the manufacturer’s instructions clearly written on them.

The setting should be provided with clear written instructions on how to administer such medication.

All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.

The setting should have the parent’s or carers’ prior written consent. This consent must be kept on file.

**Procedures for children with allergies**

When parents/ carers start their children in the setting they are asked if their child suffers from any known allergies. This information is recorded on an individual health care plan. If a child has a serious allergy, an individual 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 the skin, swelling, breathing problems, etc. - What to do in case of allergic reactions, any medication used, and how it is to be used (e.g., EpiPen). - Control measures – such as how the child can be prevented from contact with the allergen.

This form is kept in the child’s personal file and a copy is displayed where staff can see it. Staff will receive training from the parent and or the correct training provider in how to administer special medication in the event of an allergic reaction. Generally, no nuts or nut products are used within the setting.

 **Insurance requirements for children with allergies and disabilities**

The insurance will automatically include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from our insurance provider will be obtained to extend the insurance

Lifesaving medication & invasive treatments Adrenaline injections (EpiPen’s) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy). The setting must have: - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered; - written consent from the parent or guardian allowing staff to administer medication; and - 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.

**Procedures for children who are sick or infectious**

If children appear unwell during the day – have a temperature, sickness, diarrhea or, pains, particularly in the head or stomach – staff will call the parents/ carers and asks them to collect the child or send a known carer to collect on their behalf.

**Temperature:** If a child has a temperature, they are kept cool, by removing top clothing, but kept away from draughts. The temperature is taken using an external thermometer which is kept in the medicine Basket in each room. Parents/ carers are asked to take their child to the doctor before returning them to the setting, and keep the child at home until their temperature has returned to normal for at least 24 hours

In extreme cases of emergency, the child will be taken to the nearest hospital and the parent informed.

The setting can refuse admittance to children who have a temperature, sickness, diarrhoea or a contagious infection or disease.

**Diarrhoea and/ or sickness:** Parents are asked to keep children at home for a minimum of 48 hours until a formed stool is passed.

**Conjunctivitis:** Children may return to the setting after medication has been administered, except when there is an outbreak of infections when 24 hours exclusion will be required.

**Chicken Pox:** Usually children may return to the setting 5 days after onset, however in severe cases children should remain away until the last spot has formed a scab.

**Impetigo:** Children may return to the setting after 48 hours after they are being treated with antibiotics (orally) and the infected area is dry.

**Head lice:** Children with head lice are not excluded but must be treated to remedy the condition to prevent the risk of spread.

* Parents are notified if there is an infectious disease, such as chicken pox.
* Good hygiene practice concerning the clearing of any spilled bodily fluids is carried out at all times.
* All nappies are disposed of separately.
* Ofsted is notified of any infectious diseases that a qualified medical person considers notifiable.
* We follow the guidelines provided by the Health Protection Agency with regard to illness and infection.

**HIV/AIDS/Hepatitis procedure**

HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.

Single use vinyl gloves and aprons are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.

Protective rubber gloves are used for cleaning/sluicing clothing after changing.

Soiled clothing is bagged for parents to collect.

Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.

Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

**Nits and head lice**

Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.

On identifying cases of head lice, parents are informed and asked to treat their child and all the family if they are found to have head lice.

**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 to store equipment or to change light bulbs, they are provided with safe equipment to do so.
* All warning signs are clear and in appropriate language.
* Adults do not remain in the building on their own or leave on their own after dark.
* The sickness of staff and their involvement in accidents is recorded
* If a member of staff is off work for more than 3 days due to an accident at work (not a finger or toe) Ofsted must be informed.

This policy has been written for Smart Steps Day nursery; this policy is aligned with the statuary framework requirements published in March 2017.

This will be reviewed every 6 months unless any changes made is legislations.

Date written: 6th August 2019

Signed by Manager: KButler

* Updated October 2020
* Reviewed April 21
* Updated September 21
* Reviewed July 2022
* Reviewed September 2022 – Added in link for reporting RIDDOR
* Updated January 2023 – Change of Health & Safety officer