

## Health and Safety Policy

### **We aim to:**

- Create a safe environment for the children in our care
- Provide adequate control of the health and safety risks arising from our work activities
- Consult with our employees on matters affecting their health and safety
- Provide information, instruction and supervision for employees
- Ensure all employees are competent to do their tasks, giving them adequate training
- Prevent accidents and cases of work-related ill health
- Maintain safe and healthy working/learning conditions
- Review and revise this policy as necessary at regular intervals

### **Responsibilities**

Overall and final responsibility for health and safety is that of **Trudi Elouafi** and **Sarah Simm** and **Leanne Brighton**. All employees are required to:

- Co-operate with their supervisor/manager on health and safety matters
- Not interfere with anything provided to safeguard their health and safety
- Follow any system of work implemented to protect their health and safety and generally take reasonable care of their own health and safety
- Report all health and safety concerns to an appropriate person

### **Risk Assessment**

The health and safety co-ordinators have been nominated as the people who will oversee the carrying out of risk assessments in our workplace. We will adopt a pro-active approach by conducting a systematic and up-to-date risk assessment of all areas of our organisation. These risk assessments will establish what needs to happen in individual areas. This assessment will cover all foreseeable hazards. This is a practical exercise that will lead to the implementation of necessary improvements in the design of our workplace and the way in which we organise work. Practitioners are expected to carry out full visual risk assessment on all toys and equipment before using them with the children. Written risk assessments will be carried out on all activities planned for the children.

We will periodically review our health and safety policy to ensure that it remains relevant to the needs of our staff, organisation and legislative requirements. We recognise that improving health and safety standards is an ongoing process. Please also see Risk Assessment policy.

### **Consultation**

As part of our risk management process we are committed to consulting and involving all employees. An important part of our policy is the commitment to provide staff with appropriate health and safety training so that they can fulfil competently their health & safety responsibilities - including participating in the risk assessment process.

## **Monitoring and Inspection**

Constant scrutiny contributes to the development of a healthy and safe workplace. We will undertake regular inspections and checks to monitor health and safety performance. Staff involvement and participation in this ongoing exercise is very important.

## **Accident Reporting**

The reporting of accidents and dangerous occurrences is a statutory requirement. Certain accidents and ill health that result in a person being absent for three or more days must also be reported to enforcing authorities and Ofsted. In addition to obvious injury, this reporting covers absence due to ill health from recognised diseases. All staff are required to report any work related ill health absence or dangerous occurrence. In the event of an accident there will be a formal investigation. This is not to apportion blame but to establish root causes so that we can prevent future accidents.

We will aim to provide a safe play environment for children to play in, supervising them during play and making regular checks on play equipment and furniture to ensure that they are safe. In the event of an accident, all staff, students, parents and children that are injured or ill will be attended to by a qualified first aider. Parents will be informed in the event of their child having an accident at the setting e.g. bumps and falls. A record will be kept detailing the following information - date and time, where it took place, what happened, how it was treated and by whom. Parents will be asked to countersign, date and time these records on the day of the accident.

In the event of an emergency situation arising we will do our best to endeavour to contact the parent/emergency contact as soon as possible. However, if we cannot contact the parent/emergency contact, we will proceed to the hospital and ask the parent/emergency contact to meet us there. The child will be taken in an ambulance, preferably two members of staff will attend with the child, however if this is not practical then one member of staff will attend, ensuring they stay with the child at all times.

Head bumps - children, staff, and students will be advised to go home and seek medical advice if they feel unwell. All accidents and near misses by children and staff will be monitored by our accident monitoring officer **Dara Manhertz**

Please also see RIDDOR policy.

## **Fire**

**ALL STAFF, STUDENTS, PARENTS AND VISITORS MUST BE AWARE OF EVACUATION PROCEDURE**

- In the event of a fire the priority will be to evacuate the setting as quickly and safely as possible. The assembly point is at the front of the building on the car park. The signing in books and registers **MUST** be taken to the assembly point and all children and adults will be accounted for. All fire doors must be kept closed but not locked. Office staff will collect the signing in and out registers and the visitor's book. All staff in

their own rooms are responsible for collecting registers and emergency contact information.

- Exits must be kept clear at all times.
- Fire drills will be practised at least every term and recorded.
- Please see fire procedure

### **Emergency procedures for dealing with suspicious packages and bomb scares**

If you suspect that a package has been left and is suspicious, do not try to remove the package yourself. Inform the person in charge, remain calm and call maintenance services and the emergency services if appropriate. The alarm will sound, and normal evacuation procedures will apply.

### **Opening Up and Locking Up**

There must be two members of staff available for the children to enter the building. The building should have already been opened and made safe to enter by maintenance services. Staff should ensure that they are not followed into the building therefore reducing the risk of being alone with a stranger. There is an opening checklist which **must** be completed before the children enter the setting.

All staff on a late shift must wait until the setting is secure before leaving. Two members of staff will always be on a late shift together. The staff on the late shift will complete the end of day checklist which includes checking that all windows and doors are locked and secure, all electrical equipment is switched off and the garden is secure.

### **Visual Inspection of Electrical Equipment**

The things you are looking for on the equipment cable and plug after disconnecting it are signs of:

- Damage, e.g. cuts, abrasions (apart from slight scuffing) to the cable covering
- Damage to the plug e.g. the casing is cracked, or the pins are bent
- Non-standard joints including taped joints in the cable
- The outer covering of the cable not being gripped where it enters the plug or the equipment. Look to see if the coloured insulation or the internal wall is showing.
- Equipment has been used in conditions where it is not suitable e.g. wet conditions
- Damage to the outer cover, the equipment, obvious loose parts or screws
- Overheating (burn marks or staining)

In addition, inspection could include removal of the plug cover and check that:

- The correct amp fuse for the appliance is being used
- The cord grip is holding the outer part of the cable correctly
- The wires, including the earth wire where fitted is attached to the correct terminals
- No bare wire is visible other than the terminals
- The terminal screw is tight
- There is no sign of internal damage, overheating or entry of liquid, dust or dirt

This does not apply to moulded plugs where only the fuse can be checked. All these checks also apply to extension leads. Regular health and safety checks will be carried out by Trudi E or Alina .K of the building, environment and equipment.

### **Electrical Appliances**

- All electric sockets within children's reach must be covered
- Any electrical appliances must be unplugged when not in use
- Care should be taken with electrical leads so they do not trail in a dangerous way
- Water should never be placed on or near the electrical appliances
- Children of any age should not be allowed to plug or unplug electrical appliances
- New electrical appliances must be tested by the health and safety officers before use, the equipment will then be PAT tested as soon as possible.
- All electrical appliances will be PAT tested every year and records are kept.
- Please also see Risk assessment policy.

### **Dealing with Blood and Bodily Fluids**

The setting strongly believes that all staff should be trained to deal with minor and major accidents. We have two named training officers **Sarah Simm** and **Leanne Brighton** who ensure that all staff have completed training and are up to date with current legislations. Employees who encounter bodily fluids may be at risk from blood borne viral infections such as HIV or Hepatitis B. The most likely means of transmission of these viruses is by blood or other bodily fluid, contacting broken skin or mucus membrane such as those in the mouth or nose. Since it is impossible to identify all those who are suffering from or carrying these, it is recommended that every blood or bodily spill should be regarded as a potential hazard. These precautions should be followed:

- *Skin:* Cuts/abrasions in any area of exposed skin should be covered with a waterproof dressing. Blue plasters should be worn when dealing with food.
- *Gloves:* Seamless vinyl gloves should be worn where there may be contamination of hands by blood or bodily fluids. The gloves must be discarded at the end of each procedure in the clinical waste bin.
- *Hand washing:* The use of gloves does not preclude the need for thorough hand washing
- *Aprons:* Disposable plastic aprons may be worn if there is a possibility of splashing by blood/bodily fluids
- *Sharps:* Extreme care must be exercised during the use and disposal of sharps. Needles are not to be re-sheathed prior to disposal into approved sharp boxes (only when a child with specific medical needs attends will a box be provided). These boxes should never be over filled.
- *Needle Stick Injury:* In the event of sharps or needle stick injury encourage bleeding from the puncture wound. Do not suck the wound and cover with a waterproof dressing. Fill out an accident form.
- *Conjunctiva/mucus membrane:* If splashed with bodily fluids/blood, irrigate with copious amounts of water. Fill out an accident form.
- *Spillages:* Wear disposable latex gloves and plastic apron. The spillage should be covered with disposable towels to soak up excess. The spillage should be cleared up

with the gloved hand and the debris treated as clinical waste. The area should then be cleaned with the appropriate domestic cleaning product for the surface.

- *Waste:* All contaminated waste must be placed into yellow clinical sacks and placed in the clinical waste bin outside in the allocated area.

### **Procedure**

Employees must wear disposable gloves and an apron when cleaning any bodily fluids (blood, vomit, urine and excreta). Other children should be kept away from the contamination until it is effectively dealt with. The following action should be taken in the event of spillages:

- Soak up the spillages using paper towels or dry sand.
- Clean the area with hot water containing anti-bac.
- Clean the area with anti-bacterial spray- use as directed by manufacturer and recorded in the COSHH assessment form.
- 'Solids' should be carefully flushed down the toilet.
- Dressings, gloves, and aprons should be carefully disposed of in yellow tiger bags as clinical waste, then placed in the nappy disposal units.

### **Personal Hygiene when dealing with bodily fluids**

It is important that any practitioner who may clean up bodily fluids should follow good personal hygiene practice to reduce the risk of exposure to infections. The following precautions should be taken:

- Care should be taken when removing contaminated aprons and gloves.
- Wash hands thoroughly with hot soapy water and dry well.
- Ensure that any abrasions/cuts are covered immediately with a waterproof dressing.
- First aiders carrying out any procedures involving wound cleaning or cleaning blood spillages should follow the above guidelines.
- If flannels, toys or material equipment becomes contaminated with blood or other bodily fluids, it should be sponged with cold water, and then washed separately in a hot wash - the sponge should be disposed of as clinical waste

### **Hygiene**

A high standard of hygiene must be set and maintained by all staff, who are encouraged to adopt a 'clean as you go' attitude. Attention must be paid in the kitchen areas. The setting seeks advice from the environmental health department and keeps up to date with latest recommendations. The setting has a contract with a pest control company, who visit the setting every six weeks to complete routine checks for pest activity, these visits are recorded. Hygiene checks include:

- Kitchen and toilet areas checks before children arrive (each session).
- Children are not allowed in the kitchen.
- Checklists will be completed by staff with regards to nappy changing regulations
- Tables will be cleaned between activities and before and after meal and snack times.

### **Kitchen Areas**

- All surfaces to be kept clear and clean.

11<sup>th</sup> February 2018

- All cupboards will be cleaned regularly (at least half termly).
- No bags or personal belongings to be kept in the kitchens.
- No clothes to be left in the kitchen.
- No plants to be kept in the kitchen.
- The fridge temperature will be checked and recorded daily, it should not be higher than 8°C.
- Waste bins will be kept covered and clean and emptied regularly (at least daily).

### **Storage**

All resources and material which children select are stored safely. All other equipment and materials are stored safely to prevent them accidentally falling or collapsing.

### **Dining Area/Food Serving**

- Surfaces should be wiped with antibacterial spray.
- All servers must have washed their hands and wear blue plastic aprons. All servers will have a Basic Food Hygiene qualification.
- Staff with long hair will be required to tie hair back whilst serving food.
- Food will be covered for transportation.
- The temperature of the food served for lunch will be recorded.

### **Bathroom**

- Sinks will be cleaned.
- Potties will be washed, sprayed with antibacterial spray then dried with paper towels.
- Changing mats will be sprayed and wiped with antibacterial spray and paper towels.
- The temperature of hot water has been controlled to prevent scalds.

### **Cleaning Materials**

- Any potentially dangerous substances will be kept out of children's reach.
- Antibac sprays are to be kept in cupboards and not on work surfaces or sinks.
- All cleaning materials are clearly labelled, in their original containers.
- All staff will be aware of any risks and correct, safe usage. Staff will also inform students of correct use of chemicals.
- Staff/students should inform management of any allergies to cleaning materials.
- COSHH data will be obtained and filed in the Health and Safety folder

**ENSURE INSTRUCTIONS ARE READ BEFORE USE!  
DO NOT MIX ANY CHEMICALS TOGETHER**

### **Play Areas**

- Staff should ensure correct ratios of staff to children are maintained.
- Rooms must be kept tidy to minimise the risk of accidents. Children will be encouraged to help.

- During activities, staff will ensure high standards of tidiness are maintained e.g. water is mopped up as it is spilt, etc. Children will help with this and the wet floor sign will be displayed.
- No plastic bags within the rooms

### **Toys/ Equipment/ Resources**

Toys should never be put away dirty - clean as necessary. All toys and equipment will be cleaned regularly this will be recorded. Tables will be wiped with anti-bacterial spray before use, particularly before drinks and snacks are served.

### **Meals and Snacks**

- Children will be encouraged to wash hands before eating.
- Children will be seated for drinks, snacks and meals. We do not allow children to walk about whilst eating or drinking, except for their own water bottles.
- Beakers and plates will be washed and dried properly before storage. If necessary sterilisation will take place as and when needed.
- Packed lunches will be kept in the fridge.
- Waste food will be disposed of daily.
- All food products will be stored at the correct temperature and checked to ensure they are still in date and not subject to pests, rodents and mould.

### **Toileting**

Toilet areas must be kept clean and hygienic. Children will be supervised during toileting. Staff will ensure that they pay plenty of attention to developing good standards of hygiene practice, encouraging children to wash and dry hands correctly and flush the toilet after use, leaving it clean and tidy for the next person.

### **Staff Illness**

Staff must report any illness and must not attend the setting if suffering from vomiting or diarrhoea. If staff are taking antibiotics they should ensure that they have permission to return to work from their G.P. Staff should inform management if they are taking any medication and what the side effects may be.

### **Childhood Illness**

- Parents must inform the setting if their child is unwell. They are asked not to bring their child to the setting if they are infectious for reasons of cross-infection.
- Children with infectious diseases will need to be excluded from the setting until they are no longer infectious, this information should be provided by the family doctor.
- Children suffering from sickness and diarrhoea are asked not to return until 48 hours has elapsed after their last bout.
- Other information relating to specific health issues such as asthma are covered in the sickness and medication policies.
- Please also see sickness procedure.

## **Medication**

Some children may require daily medication e.g. for asthma. It is important that staff are aware of the condition and parents are asked to put all relevant information on the registration form including all medication. A full record of any medication given will be kept and parents will be asked to sign to give their permission for staff to administer the medication. They will also be asked to sign to say they have been told the child has received medication at the end of each session. Long term medication and/ or health care plans may be needed for long term conditions.

When administering medication to children it must be clearly labelled with the child's name, either by parents or with the prescription label. Practitioners must check the age that medication can be administered to before use. If a child is taking antibiotics we ask that they do not attend the setting for the first 24 hours of treatment. Medicine that has been prescribed must have the child's full name, and date prescribed, any detail that a practitioner is unsure of must be questioned and reported to the manager. Please also see medication policy.

## **General Safety Matters**

- Lifting Safely - See Manual Handling Policy
- All staff, students and children are not permitted to stand on chairs/ tables to reach high objects. Stepladders are provided for staff if needed.

## **Abusive Parents/ Students**

Staff members who feel intimidated or at risk at any time should call for another member of staff for back up. Priority will be given to ensuring the safety and welfare of children and staff in the setting. Staff should not be alone on the premises.

## **Taking Children Out of the Setting**

- Children taken out of the setting grounds must be accompanied by one adult to every two children aged 0-3 and one adult to every three children aged 3-5. Students can go out with the group but will not be counted in the ratios unless the student has attended the setting for a long period of time.
- Children's emergency contact forms must be taken with the group.
- At least one member of staff must be a first aider and carry a first aid kit.
- Staff must take the settings mobile phone (switched on, with credit and fully charged)
- Larger organised outings will require parents to accompany their child e.g. zoo trips
- A risk assessment must be completed.
- Please also see outings policy and risk assessments policy

## **Outdoor Play**

During outdoor play times, ratios will be maintained. Children must be appropriately dressed to suit the weather conditions, for example sun hats during summer months. A first aider will be present during outdoor play. Children will be taken outside in all weather as long as they are appropriately dressed.



Outdoor areas must be checked before children are taken outside, to ensure safety of children. The checklist must be signed by the member of staff before the children are taken outside and as they return indoors. If a build up of water has formed on equipment this must be emptied before the children have access to these. Gates must be secured and locked. Children who have special needs or a disability will have equal access to all outdoor equipment (additional risk assessments may need to be carried out, or additional arrangements may be made to use the other garden if risks are too great to child or other children). Please also see outdoor policy and risk assessment policy.

### **Failure of Parent/Carer Collecting Child**

Staff who are on the late shift will have access to children's records. Parents must provide a minimum of two emergency contact details for their child. If a child has not been collected by 6pm and no contact has been made from the parents, staff must endeavour to contact the parent or failing that the emergency contact. The line manager must be aware that this is happening. A child may be released to an alternative carer with the agreement of the line manager on production of ID/ password. A record of events must be logged. Failure to contact second or third contact will result in staff contacting the local safeguarding unit and the police. Please also see Dropping off and collecting policy and Safeguarding policy