

# Health and Safety Policy 2019

## Shiplake Village Nursery



**Approved by:** The Governors of Shiplake CofE School and Shiplake Village Nursery **Date:** 11 February 2019

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## **Introduction**

### **Health and safety general standards**

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

We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment. The person who is responsible for the health and safety is the Manager. They are competent to carry out these responsibilities. They have undertaken health and safety training. We display the necessary health and safety poster, which is displayed on the back of the nursery door by the toilet.

We have public liability insurance and employer's liability insurance. The certificate for public liability insurance is found on the back of the main nursery door.

We also have a certificate in food hygiene displayed in the kitchen.

### **This policy has been developed in accordance with:**

- The 'Statutory Framework for the early years foundation stage 2017'
- Oxfordshire county council (OCC) health and safety policies
- Public Health England
- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992 (As Amended 2004))
- Health and Safety (Display Screen Equipment) Regulations (1992)
- Food Standards Agency 2015
- Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs
- Safer Food Better Business (Food Standards Agency updated September 2015)

**With further guidance from:**

- Health and Safety Law: What You Need to Know (HSE Revised 2009)
- Health and Safety Regulation...A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health: What You Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips with Manual Handling - A Short Guide (HSE 2011)
- Regulatory Reform (Fire Safety) Order 2005
- Fire Safety Risk Assessment - Educational Premises (HMG 2006)
- Special Educational Needs Code of Practice (DfES 2001)
- Reflecting on Behaviour (2010)
- The Social Child (2007)

**Raising Awareness– the Role of the Staff**

- 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 procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- As necessary, health and safety training is included in the annual training plans of staff, and health and safety is discussed regularly at our staff meetings.
- We operate a no-smoking policy.
- We make children aware of health and safety issues through discussions, planned activities and routines.

## Health: Food and Drink

Shiplake Village Nursery is committed to ensuring that safe and healthy practices around the storage, preparation and service of food are maintained throughout the setting.

The setting has set high standards of personal hygiene for all members of staff involved in the handling and preparation of food.

We provide and/or serve food for children on the following basis:

- Snacks
- Packed lunches
- Children's cooking activities

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food. We currently have a 5 star hygiene certificate from the Food Standards Agency which is displayed on our Kitchen window.

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business (Food Standards Agency 2015). The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All our staff follow the guidelines contained within 'Safer Food, Better Business' pack and guidance published by the Food Standards Agency (FSA).
- Staff are required to complete entries within the Kitchen Day Book as part of their daily routine. The Day Book details opening checks, cleaning schedules, food prepared, goods received, temperature records and closing checks. The day book entries are reviewed on a four weekly basis.
- All our staff who are involved in the preparation and handling of food have received training in food hygiene.
- Any staff member preparing or serving food will wear an apron and gloves. Long hair will be tied back, jewelry and nail varnish removed.
- Any staff member showing signs of ill health will not be permitted to handle food.
- The kitchen is risk assessed every morning and before the preparation of food.
- We use reliable suppliers for the food we provide.

- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before and after use.
- There are separate facilities for hand-washing and for washing-up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach and in a locked cupboard.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they are:
  - Supervised at all times.
  - Understand the importance of hand-washing and simple hygiene rules.
  - Kept away from hot surfaces and water.
  - Do not have unsupervised access to electrical equipment, such as blenders.

## Allergies

Shiplake Village Nursery caters for children's specific dietary needs that may include allergies or food intolerances, or because of religious, cultural or ethical reasons.

Staff are made aware of children's specialist requirements through individual care plans and other information provided by parents.

To help us manage the risks associated with food allergies or intolerance the nursery has the following in place:

- Pre-entry information from parents.
- Induction information from staff.
- Written procedures for children with food related conditions.

The manager will ensure that appropriate controls are in place to prevent cross contamination and that these controls are documented accordingly.

## Healthy Eating

A good balanced diet is vital for children to develop healthily along with fresh air and regular exercise.

Our setting promotes good health of children:

- We encourage parents to provide a balanced and nutritious packed lunch and snacks.
- We encourage parents to provide only water in children's drinks bottles.
- We provide healthy snacks in the setting.
- We encourage children to choose healthy options and to experiment by trying new foods and foods from other cultures.
- Where possible we encourage the children to help in the preparation of food.
- We support different food allergies and cultural/religious requirements.
- We regularly discuss the importance of healthy food choices and teeth brushing with the children.

## Procedures

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies.
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs, including any allergies, are up-to-date. Parents sign the updated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- We involve children and parents in the planning of the snacks.
- We provide nutritious food for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We provide a variety of different dry snacks throughout the week, for example; breadsticks, rice cakes, crackers.

- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We take care not to provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts.
- We show sensitivity in providing for children's diets and allergies. We do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and adults participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink and feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- Children should come to nursery with a named water bottle. We have fresh drinking water constantly available for the children to refill their bottle. If a child does not have a water bottle a cup will be provided. Children may ask at any time for water and it will be provided.
- We inform parents who provide food for their children about the storage facilities available in our setting.
- We only prepare food within the kitchen area and follow food hygiene procedures and procedures for the safe preparation and storage of food.
- Our staff have completed training in food hygiene
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For young children who drink milk, we provide semi-skimmed pasteurised milk.

## **Parent Participation**

Our children bring lunches and snacks in from home. We inform parents of our policy on healthy eating and we encourage them to:

- Ensure perishable contents of packed lunches are refrigerated.
- Provide sandwiches with a healthy filling, fruit, and milk based desserts, such as yoghurt or crème fraîche. We discourage sweet drinks and can provide children with water.

- Avoid packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as chocolate and sweets. We reserve the right to return this food to the parent as a last resort.

## **Reporting of food poisoning**

Food poisoning can occur for a number of reasons. Not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhea are reportable. Where children and/or adults have been diagnosed by a GP or hospital as suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation. We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

## **Health: Accident or Injury**

### **First aid**

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate 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. We aim to ensure that first aid training is local authority approved and is relevant to adults caring for young children.

#### ***The first aid kit***

Our first aid kit is accessible at all times and contains the following items:

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
  - Small x 3
  - Medium x 3
  - Large x 3
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition, the following equipment is kept near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- A supply of ice is kept in the freezer.

**First aid procedures:**

- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- There is a named person in the setting who is responsible for checking and replenishing the first aid box contents regularly.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
- Accidents and injuries are recorded in our accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.

## **Recording and Reporting of accidents and incidents**

We follow the guidelines of the reporting of injuries, diseases and dangerous occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

The safety of a child is paramount and every measure will be taken to ensure they are protected from hurting themselves. However, accidents do happen and the following information details how the incident will be dealt with:

- The child will be comforted and reassured.
- The extent of the child's injuries will be ascertained and if necessary medical assistance will be called for.
- Necessary first aid procedures will be carried out on the child.
- We will contact the parent to inform them of the accident and if necessary ask for them to be collected from the setting or to meet us at the hospital.

After every accident, however minor we will:

- Complete a report on an accident report form, this will include full details of the accident / incident. Parents will be required to sign the report when collecting their child and given a copy.
- If the incident requires any medical treatment we will:
  - Inform Ofsted within 14 days (under Standard 3.51 of the EYFS, Inform Ofsted about any significant events).
  - Inform our Insurance Company.
  - Contact the local authority for additional advice/support.
  - Contact the local Social Care and RIDDOR if required

We encourage parents to keep us informed regarding their child's condition following an accident and if they have sought additional medical advice or care.

**Our accident book:**

- Is kept in a safe and secure place.
- Is accessible to our staff and volunteers, who all know how to complete it.
- It is reviewed at least half termly to identify any potential or actual hazards.

**Reporting accidents and incidents-**

Ofsted and environmental health is notified as soon as possible, but at least within 14 days, of any instances which involve:

- Food poisoning affecting two or more children looked after on our premises.
- A serious accident or injury to or illness of a child in our care and the action we take in response.
- The death of a child in our care.

In an instance where a child presents to nursery with a pre-existing injury, parents are asked to sign an accident at home form.

Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and we act on the advice given by those agencies.

We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We must report to the health and safety executive:

- Any work related accident leading to an injury to a member of staff. Specified injuries include injuries such as fractured bones, loss of consciousness due to a head injury, serious burns or amputation.
- Any work related accident leading to an injury to one of our employees being incapacitated for three or more days are recorded in an accident book.
- When our employees suffers a reportable disease or illness.
- Any death of a child or adult, that occurs in connection with a work related accident.
- Any dangerous occurrences. This may be an event that does not cause an accident but could have done such as a gas leak.
- Information for reporting incidents to the health and safety executive is provided in the pre-school learning alliance accident record publication. Any dangerous occurrences are recorded in our incident book.

### **Incident book-**

- We have ready access to telephone numbers for emergency services, including the local police. We have telephone numbers for the hall committee who can contact the gas or electric companies, plumber or carpenter.
- We ensure our staff and Governors carry out health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services, if those are needed.
- If an incident occurs before any children arrive, our manager will risk assess the situation and decide if the premises are safe to receive children. Our manager may decide to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the building, we follow our fire/emergency evacuation procedure.
- If a crime may have been committed, we ask all adult witnesses to the incident to make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident book for recording major incidents, including some of those that are reportable to the health and safety executive as above.
- These include-
  - A break in, burglary, or theft of personal or settings property
  - An intruder gaining access to our property
  - A fire, flood or gas leak
  - An attack on an adult or child on our premises or near by
  - Any racist incident involving families or our staff in the setting's premises
  - The death of a child or an adult
  - A terrorist attack or threat of one

In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded

In the 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 emergency evacuation policy will be followed and our staff will take charge of their key children. The incident is recorded when the threat is averted.

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

The incident book is not for recording issues of concern involving a child. That will be done in their own file.

## **Health: Responding to Illness**

If a child is unwell then they will be better cared for in their own home with their parents. We are happy to care for children with minor coughs and colds but will not care for children who are very unwell, infectious or running a high temperature. We need to consider the welfare of all the children in our care.

As set by The Public Health Agency, if a child has had diarrhoea or sickness in the last 48 hours they should not attend Nursery and parents should call and let us know.

If a child becomes ill whilst in our care, we will make them as comfortable as possible, isolate them from the other children if necessary and reassure them. We will contact the parents immediately and continue to care for the child until a parents or carer arrives to collect them.

We are happy to administer prescribed medication, please see Supporting Pupils with Medical Conditions Policy.

There is a defibrillator on the side of the Memorial Hall for emergency use.

## **Managing children who are sick, infectious, or with allergies**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

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

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhea or pains, particularly in the head or stomach – our manager, or the child's key person, will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a forehead thermometer strip, kept in the first aid box.
- In extreme cases of emergency, an ambulance is called and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness and diarrhea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from

[http://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in%20schools\\_poster.pdf](http://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf)

***Reporting of 'notifiable diseases'***

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.
- When we become aware, or are formally informed of the notifiable disease, our nominated person informs Ofsted and contacts Public Health England, and acts on any advice given.

### ***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. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

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

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

## **Allergies**

### ***Procedures for children with allergies***

- When children start at the setting we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review measures.

- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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

- If necessary, our insurance will 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 must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
- Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- We must be provided with clear written instructions on how to administer such medication.
- We adhere to all risk assessment procedures for the correct storage and administration of the medication.
- We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.
- Life-saving medication and invasive treatments: These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).
  - We must have:
  - 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 our 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.
  - Copies of all three documents relating to these children must first be sent to

the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

- Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:
- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

## **Health: Managing Behaviour**

We believe that children flourish best when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings, and needs and rights, of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions.

### **Procedures**

Shiplake Village Nursery do not condone corporal punishment and staff and trained to manage children's behaviour in a positive way, staff will:

- attend relevant training to help their understanding and guide appropriate models of behaviour
- implement the setting's behaviour procedures
- have the necessary skills to support and address behaviour issues and to access expert advice, if necessary;
- Complete the Promoting Positive Behaviour programme.

### ***Stepped approach***

#### **Step 1**

- ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- be knowledgeable with, and apply the setting's procedures on Promoting Positive Behaviour;
- Ensure the settings environment and practices supports healthy social and emotional development.
- Ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see following page).

#### **Step 2**

- We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern then normal monitoring will resume.
- Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.
- If the behaviour continues to reoccur and remain a concern then the key person and behaviour co-ordinator should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If a cause for the behaviour is not known or only occurs whilst in the setting then the behaviour coordinator will suggest using a focused intervention approach to identify a trigger for the behaviour.
- If a trigger is identified then the behaviour co-ordinator and key person will meet with the parents to plan support for the child through developing an action plan. If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the action plan and help implement

the actions. The plan should be monitored and reviewed regularly by the key person until improvement is noticed.

### **Step 3**

- If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour coordinator and SENCO will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.
- It may be agreed that the child should be referred for an Education, Health and Care Assessment. ( See Supporting Children with SEN Policy 2.2)

If the child's behaviour is part of a range of welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, then we would follow our Safeguarding Children and Child Protection Policy (1.2).

Advice provided by external agencies should be incorporated into the child's action plan and regular multi-disciplinary meetings held to review the child's progress.

### ***Initial intervention approach***

- We use an initial problem solving intervention for all situations in which a child or children are distressed or in conflict. All staff use this intervention consistently.
- This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves. This is approached with the following steps:
  1. Distraction
  2. Warning
  3. Thinking spot /bear
  4. Discussion to take ownership
  5. Report back to parents when appropriate
- If a child is lashing out and has lost control of their emotions, staff will follow these steps:
  1. Move other children away to prevent them from getting hurt
  2. Move all equipment or items that could cause injury to the child in distress
  3. Ensure all exits are blocked

4. Stay close to the child but not interact
5. Once the child has run out of steam – distract
6. Once the child is calm discuss the child's behaviour with them.

### ***Focused intervention approach***

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.
- Where we have considered all possible reasons, then a focused intervention approach should then be applied.
- This approach allows the key person and behaviour coordinator to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.
  - We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

### ***Use of rewards and sanctions***

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.
- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.
- Positive behaviour will be consistently celebrated throughout the Nursery. Children who make good choices will be rewarded by staff. Examples of rewards include opportunities for children to choose a marble to put into marble jar. Once the marble jar is full, children would be given a group reward, including football session, music time and so on.

- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in 'time out' or on a 'naughty chair'. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

### ***Use of physical intervention***

- The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.
- Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use "reasonable force in order to prevent children from injuring themselves or others or damage property" (EYFS).
- If "reasonable force" has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child's file, which states clearly when and how parents were informed.
  - Corporal (physical) punishment of any kind should never be used or threatened which could adversely affect a child's well-being.

## **Safety: Safety and suitability of premises, environment and equipment**

### ***Floors and walkways***

All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately. Walkways and steps are left clear and uncluttered.

### ***Electrical/gas equipment***

We ensure that all electrical/gas equipment conforms to safety requirements and is checked regularly. Our boiler/electrical switch gear/meter cupboard is not accessible to the children. We encourage the children to stay away from wires and electrical outlets. These are tested

annually. There are sufficient sockets to prevent overloading. We switch electrical devices off at the socket when not in use. We ensure that the temperature of hot water is controlled to prevent scalds. Lighting and ventilation is adequate in all areas of our setting.

### ***Storage***

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

### ***Outdoor area***

Our outdoor area is securely fenced. The gate is bolted on the outside and has a sign on a chain to prevent the children from opening it. The outside is checked for rubbish, animal droppings and any other unsafe items before use. We ensure there is not stagnant water. The sandpit is covered when not in use. The children are encouraged to dress appropriately for the weather. We supervise outdoor activities at all times.

### ***Hygiene***

We seek information from Public Health England 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 schedule for cleaning resources. The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies. We implement good hygiene practices by:

- Cleaning tables between activities.
- Cleaning and checking toilets regularly.
- Wearing protective clothing such as aprons and disposable gloves.
- Providing spare clothes.
- Providing tissues and wipes.

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

Before purchase or loan, we check equipment and resources to ensure that they are safe for the ages and stages of the children currently attending the setting. We keep a full inventory of all items in the setting for audit and insurance purposes. The layout of the room allows staff and children to move freely. All equipment is checked for cleanliness and safety, and any dangerous items are repaired or discarded. All paint or glue is non-toxic. We ensure

sand is suitable for children. Play is constantly supervised. We teach children to handle tools safely.

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

Our staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to themselves or children. Where possible children should not wear jewellery to nursery.

## **Smoking, Alcohol and Drugs**

### ***No-Smoking***

In accordance with the Safeguarding and Welfare Requirements we have a no smoking policy in our setting.

No one is permitted to smoke in our setting.

### ***Alcohol and Drugs***

To ensure that we are alert to any dangers and able to protect a child, parents must not be under the influence of alcohol or any form of drugs (including some prescription medication).

We will not drink any alcohol during working hours or immediately before.

If we suspect a parent to be under the influence of drugs or alcohol we will invite the parent in and ask them to wait for an alternative responsible adult to take the child home. We will be happy to try the child's emergency contacts in the first instance.

We have no legal right to withhold a child and due to this the above will be an appropriate course of action. A child's safety is paramount to us and we may seek advice on this situation should it be a regular matter or if we are at all worried.

## **Premises**

We ensure that the premises and equipment is organised in a way that meets the needs of the children. We take a maximum of 20 children in the setting during any one session, which is adjusted based on the ages of the children, so that indoor space requirements are met.

2.5sqm for 2.5 year olds

2.3sqm for 3 and 4 year olds

We provide access to a fenced outdoor play area which is for sole use of nursery children during nursery opening hours. We plan activities inside and outside the nursery. We have puddle suits and encourage parents to provide wellington boots and coats so that the children can play outside during wet and cold weather. We provide some protection from the sun during summer months and ask parents to apply sun cream and supply a hat.

There is disabled access to our garden, nursery room, kitchen and toilet.

We provide a quiet area for children who wish to read, rest or nap.

We have a separate Kitchen area where staff may talk to parents and/or carers confidentially and take breaks away from the nursery room.

We provide two child sized toilets and hand basins and there is a separate toilet for staff and parents.

## **Nappy changing and Toileting**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### ***Procedures***

- Children in nappies will be carefully monitored throughout the day and changed when needed. The child's key person will change the nappy. If the key person is absent, then another trained member of staff will change the nappy.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.

- Each child has their own bag to hand with their nappies or pull-ups and changing wipes. Nursery will, however be fully stocked with spare nappies, pull ups, wipes and nappy bags if needed.
- Staff put on gloves and aprons before changing starts and the areas are prepared.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands, and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically into nappy bins which are collected weekly. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect.

We have procedures in place to ensure children are only released into the car of individuals who have been notified to us by the parent.

## **Safety: Maintaining children's safety and security on premises**

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

### **Procedures**

#### *Children's personal safety*

- We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service.
- All children are supervised by adults at all times and correct ratios are met.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

### **Security**

- Systems are in place for the safe arrival and departure of children and to prevent children leaving our premises unnoticed.
- There is a sign on the gate to remind parents to bolt it behind them on arrival and departure.
- The lobby door is opened at 9am until 9.15am for parents to bring children to nursery and children are greeted at the nursery door by a member of staff.
- The Lobby and nursery door is opened for 15 minutes at collection time and children are only released into the care of parent or nominated adult.
- We keep front doors and gates locked shut at all other times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
  - The lobby door is closed, visitors must use the doorbell for access
- We only allow access to visitors with prior appointments.
- Our staff check the identity of any person who is not known before they enter the premises.
- The garden area is fenced and has a bolted gate, children are supervised at all times.

- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal cash is kept on the premises.

## **Drop off and collection of children**

We will only release children from our care to adults who have permission to collect them. We will, therefore, ask parents to provide us with a list of people authorised to collect. If we do not know them we ask parents to provide a description or a photograph for us to keep on file.

In the event of an emergency, we operate a password system where a not authorised individual may collect a child only if able to provide a password chosen by the parent.

We encourage parents to arrive at the contracted time to drop and collect their child after the allotted drop off and collection times our door will be locked and parents will need to ring the bell and wait for a member of staff to become available.

We know sometimes delays are unavoidable but even very young children learn our routine and know when their parents are due. They can become distressed when parents are late. If parents are delayed, for whatever reason we ask them to contact us and let us know when they expect to arrive. We will ensure that:

- Usual safeguarding and ratios are met and reassure the child until they are collected.
- If we are unable to accommodate the additional care, we will ask parents to contact another adult from their authorised list and arrange for them to collect their child.
- If we have not heard from a parent and they are very late we will:
  - try and make contact with them.
  - attempt to contact the emergency numbers provided.
  - if we are unable to make contact with anyone at the close of our business we will inform Social Services and follow their advice, at all times we will minimise any distress to the child.

We reserve the right to make an additional charge for late collection.

## **Safety: Outings**

We have risk assessments in place for regular outings and complete a risk assessment for every additional outing we may go on. Parents are informed on the day if we will be leaving nursery and for how long. We ensure that the minimal ratios are met on outings and where possible increase our ratios with parent volunteers. When walking near roads we use a handle rope to ensure children stay together.

## Lost and Missing Child

The care of a child is paramount and we will always try to ensure that they remain with us and are safe.

However sometimes children can become 'lost' in busy places and therefore as a responsible child practitioner, we have written a procedure that will be followed in the unlikely event of this happening.

- We will immediately raise the alarm to all around us that we have lost a child and enlist the help of everyone to look for them.
- If it is a secure area such as a public centre, we will quickly alert the security staff so they can seal off exits and monitor the situation on any CCTV.
- We will provide everyone involved in the search with a description of the child.
- We will reassure the other children with us, as they may be distressed.
- We will then alert the police and provide a full description.
- We will then alert the parents of the situation.

We take precautions to avoid situations like this happening by implementing the following measures:

- Ensuring the children hold our hands whilst we are out.
- Avoid going to places that are overcrowded.
- We teach the children about the dangers of wandering off and of talking to strangers.

## Safety: Risk Assessments

Risk assessment means: *Taking note of aspects of your workplace and activities that could cause harm, either to yourself or to others, and deciding what needs to be done to prevent that harm, making sure this is adhered to.*

The law does not require that all risk is 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 inform procedures. Staff and Governors are involved in reviewing risk assessments and procedures – The risk assessments identify:

- Identification of a risk: Where is it and what is it?
- Who is at risk:
- Assessment to level of a risk
- Type of harm that may be caused
- Control measures in place
- Monitoring and review

Our risk assessment are continually reviewed and amended where necessary. New risk assessments are added on a continuous basis. Daily checks are carried out by the staff before the children arrive at the setting. Where more than five members of staff are employed the risk assessments are put in written form.

Our Manager ensures that checks such as PAT testing, gas safety checks and other safety measures are reviewed annually and records updated. Risk assessments are carried out for offsite activities/visitors/sports day/walking to school and much more.

The Governors liaise with the Manager before fundraising events take part on Nursery site.

## **Control of substances hazardous to health**

Our staff implement the current guidelines for COSHH. We keep a record of all substances that may be hazardous to health such as cleaning chemicals. We keep all cleaning chemicals in their original containers and in a locked cupboard. We keep the chemicals used in the setting to the minimum.

## **Safety of adults**

We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment. We ensure all warning signs are clear and visible. We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

## **Animals in the setting**

We believe that children can learn a lot from having contact with animals, however certain procedures must be followed to ensure the safety of the children;

- Children must be encouraged to treat all animals with respect, learning how to handle them correctly.
- Children must wash their hands after any contact with animals and understand the reasoning behind this.
- Children must be taught that not all animals are child friendly and that they should always check with the animals owner before attempting to stroke or handle them.
- Food for the pet must be stored safely away from the children's reach.
- A high standard of hygiene must be followed, with careful thought given to the placing of the feeding and drink bowls of dogs and cats.
- The garden must be checked every morning, before the children are permitted outside to play, to ensure that no animal has fouled it.

We take into account the parents views when selecting any pets for the setting.

We will carry out risk assessments, accounting for any hygiene or safety risk posed by the animals.

If animals are brought into the setting by their owners, they are the responsibility of the owner. The owner carries out their own risk assessment, detailing how the animal is to be handled and how any hygiene issues will be addressed.

When visiting farms etc we will follow our outings procedures. A risk assessment of the venue will be carried out in advance. Outdoor footwear will be worn. Hands will be thoroughly washed. We will advise staff and volunteers who are or may be pregnant to avoid contact with ewes and to consult their midwife before their visit.

## **Safety: Fire safety and emergency evacuation**

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The Manager and Governors are familiar with the current legal

requirements. Where necessary we seek the advice of a competent person. All staff are required to have fire safety training. A fire drill log is kept and any actions logged.

### **Fire safety risk assessment**

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The Manager will carry out a risk assessment; this will cover the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
- Our fire safety risk assessment focuses on the following for each area of the setting:
  - Electrical plugs, wires and sockets.
  - Electrical items.
  - Gas boilers.
  - Cookers.
  - Matches.
  - Flammable materials.
  - Flammable chemicals.
  - Means of escape.
  - Anything else identified.
- We will ensure that we have a copy of the fire safety risk assessment that applies to the Memorial Hall and its' buildings and that we contribute to regular reviews. (see appendix)

### **Fire safety precautions taken**

- We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.
- We ensure that smoke detectors/alarms and firefighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked regularly.
- We have all electrical appliances checked annually by a qualified electrician. Any faulty electrical equipment is taken out of use and either repaired or replaced.
- Our emergency evacuation procedures are explained to all staff, volunteers and parents. These are practiced regularly, at least every half term.
- Records are kept of fire drills and of the servicing of fire safety equipment.

## **Emergency evacuation procedure**

- Children being familiar with the sound of the fire alarm.
- Children, staff and volunteers knowing where the fire exits are.
- Children being led from the building to the assembly point.
- Children to be accounted for and who by.
- The length of time it takes to get the children out safely.
- Parents being contacted.
- Where children are to be collected from in event of an emergency.

## **Fire drills**

We hold fire drills termly and record the following information about each fire drill in the filing cabinet:

- Number of adults and children involved.
- How long it took to evacuate.
- Whether there were any problems.
- Any further action taken to improve the drill procedure.

## **Emergency and Evacuation**

The nursery will plan for and respond effectively to fire and emergency evacuations.

Evacuation may be required in the event of fire, chemical spill, bomb scare, earthquake, gas leak, and flood. Planning for and responding effectively to fire and emergency evacuations is important to ensure the safety in our setting.

### ***Practices-***

- To effectively plan and respond to fire and emergency evacuations, the nursery will:
- Identify potential emergencies
- Have fire extinguishers readily available near areas where fires are likely to start, such as the kitchen. Extinguishers are tested annually.
- Escape routes are kept clear of obstructions at all times
- Evacuation areas are selected and all staff are aware
- The designated safe building is Shiplake C of E Primary school
- One member of staff is to collect the register which consists of children's names,

addresses, phone numbers and emergency contact details

- Develop, keep up to date and tell visitors, fire and emergency evacuation plan which includes:
  - Fire drills are practiced termly and documented with the date and time
  - Pre-planned designated meeting area, next to the tennis court or extreme situation to Shiplake Primary school
  - Account for all staff, visitors and children
  - Comfort any distressed children
  - Dial the emergency services if needed
  - When in a designated safe place contact all parents/carers to collect the children