ST OSWALD'S LADYBIRDS PRESCHOOL

Health and safety policy

Statement of intent

This setting believes 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 take necessary steps to safeguard and promote the welfare of children and adults in our care.

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.

Methods

The members of staff responsible for health and safety are **Tracey Clarke-Kellow and Becky Dutton**. They are competent to carry out these responsibilities. They have undertaken health and safety training and regularly updates his/her knowledge and understanding. We display the necessary health and safety poster in the office.

Risk assessments

Our risk assessment process covers adults and children and includes:

- Checking and noting hazards and risks indoors and outside, and in our premises, and activities on a daily, ½ termly or annually basis. (Staff deployed within these areas assess the risks and if required, will notifiy the Supervisor in charge of the risks identified).
- Assessing the level of risk and who might be affected:
- deciding which areas need attention; and
- developing an action plan that specifies the action required, the timescales for action, the person responsible for the action and any funding required.
- Procedures are in place for the review of all risk assessments annually or when the need arises.

We maintain lists of health and safety issues, which are checked before the session or an activity begin, weekly, and annually - when a full risk assessment is carried out usually by all the staff (indoor, outdoor, fire, snack) or by Becky Dutton and Tracey Clarke-Kellow.

Risk Assessments are kept in the filing cabinet and updated when and where necessary.

Insurance cover

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed inside the Pre-School room

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 and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- Health and safety issues are explained 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 staff meetings.
- Children are made aware of health and safety issues through discussions, planned activities and routines.
- We operate a non-smoking policy.

Children's safety

- We ensure all staff employed have been checked for criminal records by an enhanced disclosure from the Disclosure and Barring Service.
- Staff do not normally supervise children on their own for long periods of time. Other adults are never left to supervise children on their own.
- All children are supervised by adults at all times, see deployment sheet in setting.
- Whenever children are on the premises at least two adults must be present.
- Staff taking medication which they believe may affect their ability to care for children should seek medical advice and only work with the children should medical advice say that the medication is unlikely to impair ability to look after children.
- We ensure that all staff and people working with the children are never under the influence of alcohol or any other substance which may affect their ability to care for children.
- We ensure all the procedures set out in our Staff Recruitment and DBS disclosure policy are followed.
- Staff to child ratios are in line with the EYFS Statory Framework.

Adult's safety

- Adults are provided with guidance about safe storage, movement, lifting and erection of large pieces of equipment.
- All staff are required to attend health and safety training and test as part of their induction.
- All cleaning equipment is kept in the original containers.
- When adults need to reach up to store equipment, they are provided with safe equipment to do so.
- All warning signs are clear and in appropriate languages.
- Adults who remain in the room alone, are expected to follow the Lone Worker policy. When leaving the building, they will ensure the back door is locked and they will exit through the school, ensuring people there know that they are leaving.

- The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.

Visitors and Security

- Systems are in place for the safe arrival and departure of children and staff. The children's arrivals and departures are recorded. These are explained fully to parents on their initial visit.
- The arrival and departure times of visitors - are recorded.
- Our systems prevent children from leaving our premises unnoticed or unsupervised.
- The personal possessions of staff and volunteers are stored in own personal boxes during sessions.
- Our systems prevent unauthorised access into our room. Outside doors are locked electronically when children are in the room. If children are playing outdoors and the doors are open, the side gate is locked to prevent children leaving and a staff member is present. School gates are locked at 9am and only opened at 3.15pm.
- The door inbetween our room and the classroom is locked and only opened for known people.
- Signs and notices are in place to make others aware of security.
- Staff and visitors wear badges.
- We only release children into the care of individuals who we have been notified to do so by the parent. Parents sign a collection sheet to give us authorisation to release their child to the care of another person. Parents, should they not have signed may telephone us to inform us of the alteration. Collectors are asked to sign when they have picked up the child.
- We follow the risk assessment for the arrival and departure of children.
- Staff check the identity of visitors before allowing entry into the room. Staff stay vigilant and seek out the identification of unknown visitors immediately.

Premises

Our premises meets the following indoor space requirements :

Two year olds: 2.5 m2 per child.

Children aged three to five years: 2.3 m2 per child.

We provide quiet spaces indoors and outdoors for children who wish to play quietly or relax.

Should a child fall asleep in our setting, we ensure they are checked regularly. Parents are always told by phone should this happen so that they can inform the staff of how long they wish their child to sleep for or should they wish to collect their child from the setting.

Staff are able to take a break inbetween sessions away from the children.

Toilets are situated outside the playroom. We share with another class. Staff use the school staff toilet and hand basin.

We have 3 hand basins for our use in the toilet area.

We arrange a suitable and convenient time and place should parents need to talk to confidentially.

Windows

- Low level windows are made from materials that prevent accidental breakage or are made safe.
- Windows above the ground floor are secured so that children cannot climb through them.

Doors

- We take precautions to prevent children's fingers from being trapped in doors.

Floors

- All surfaces are checked daily to ensure they are clean and not uneven or damaged. If wet, all persons in the room are made aware of it and dried as soon as possible.

Kitchen

- There are separate bowls for hand-washing and for washing up.
- Cleaning materials and other dangerous materials are stored 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; and
  - do not have unsupervised access to electrical equipment.

Electrical/gas equipment

- All electrical/gas equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switchgear/meter cupboard is not accessible to the children.
- Fires, heaters, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
- The temperature of hot water is controlled by the School and Derbyshire County Council.
- Lighting and ventilation is adequate in all areas including storage areas.

Storage

- All resources and materials from which children select are stored safely.

Outdoor area

- Our outdoor area is fenced which acts as a deterent for visitor entering the outdoor area. The gate is locked once children have arrived or playing out in the area. The door to the outside is locked electronically and all staff members are issued with fobs to enter.
- Our outdoor area is checked for safety and cleared of rubbish before it is used.
- Where water can form a pool on equipment, it is emptied before children start playing outside.
- All outdoor activities are supervised at all times.

- The children will have opportunity to play in fresh air throughout the year in the playground and in the wild life garden. A visual risk assessment is carried out before enterting these areas each day. An annual risk assessment is completed in the Autumn term.
- An outdoor risk assessment is carried out yearly or when the need arises.

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 the play room. Staff ensure the toilets are clean and tidy throughout the day. The school pay for a caretaker and cleaner to ensure the toilets are cleaned on a regular basis.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene including hand washing and drying facilities.
- We implement good hygiene practices by:
  - cleaning tables between activities; with antibacterial spray
  - checking toilets throughout the day
  - clean the toilets daily throughout the day
  - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
  - providing sets of clean clothes;
  - providing tissues and wipes; and
  - clearing up any spills of blood, vomit and excrement according to St Oswald's Priamry School Health and Safety policy and Derbyshire Public Health.
  - wearing plastic gloves when clearing any spills of any bodily fluids and cleaning the floors with disinfectant according to St Oswald's Primary School Health and Safety policy.
  - washing hands after using the toilet and dried with a hand drier or paper towel.
  - having clean hand towels available to wash hands after craft activities. A bowl of water is used for these activities and changed regularly.
  - used towels and t towels are washed after each session. New towels and t towels are changed as and when needed.

Activities

- Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the 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.
- An indoor risk assessment is carried out yearly, or when the need arises.
- All materials - including paint and glue - are non-toxic.

- Sand is clean and suitable for children's play.
- 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.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded.

Outings and visits

- We have agreed procedures for the safe conduct of outings. The Supervisor in charge of the session arranges for these procedures and conducts to be explained to all attending visit.
- Parents sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- Parents always sign consent forms before major outings.
- A risk assessment is carried out before an outing takes place.
- Should buses be used, parents are asked to sign permission slips to allow their child to travel. Vehicles in which children are being transported and the driver of those vehicles must be adequately insured.
- Our adult to child ratio is high, always one adult to two children.
- Named children are assigned to individual staff and volunteers 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 an outings folder 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 mobile phone on outings, and supplies of tissues, wipes, pants etc as well as a mini first aid pack, a snack 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.
- At least one person is first aid trained on the outing.
- A minimum of two staff should accompany children on outings and a minimum of two should remain behind with the rest of the children. Ratios should be adhered to at all times.
- Staff take a list of children with them with contact numbers of parents/carers, as well as an accident book and a copy of the Missing Child Policy.

Dealing with incidents

- We meet and follow 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 and OFSTED should :

any accident to a member of staff requiring treatment by a general practitioner or hospital; and

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.

Any dangerous occurrence is recorded in our Incident Book. See below.

Child Protection matters or behavioural incidents between children are not regarded as incidents and there is a separate procedure for this. See Child Protection Policy, Behaviour Policy and Physical Intervention Policy.

Procedures

Our Accident Book :

- Is kept in a safe and secure place
- Is accessible to staff and volunteers, who all know how to complete it and
- Is reviewed at least half termly to identify any potential or actual hazrds by Tracey Clarke- Kellow.

Reporting accidents and incidents

Ofsted is notified as soon as possible – see Notifying Ofsted policy, but at least within 14 days, of any instances which involve :

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

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

Any food poisoning affectiong two or more children or adults on our premises is reported to the local Environmental Health Department.

Our Incident Book

- We keep an incident book for recording incidents including those that that are reportable to the Health and Safety Executive, OFSTED or the local child protection agency
- These incidents include:
  - break in, burglary, theft of personal or the setting's property;
  - fire, flood, gas leak or electrical failure;
  - attack on member of staff or parent on the premises or near by;
  - any racist incident involving a staff or family on the centre's premises;
  - death of a child/staff member;
  - a terrorist attack, or threat of one; **SEE CRITICAL INCIDENT AND MANAGEMENT PLAN** with the Child Protection Policy, and
  - serious injury to a person/child in our care

- 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, should also be recorded.
- In the unlikely even of a terrorist attack we follow the Critical Management / Lock down procedures and follow advice of the emergency services with regard to evacuation, medical aid and contacting children's families. The incident is recorded when the threat is averted.
- In the unlikely even of a child dying on the premises, for example, through cot death in the case of a baby, or any other means involving an older child, the emergency services are called, and the advice of these services are followed. Ofsted have to be contacted, following our notifying Ofsted policy.
- The incident book is not for recording issues of concern involving a child. This is recorded in the settings cause of concern file. Should a Child Protection Plan or Child in Need be in place, a new folder is put together.
- OFSTED and local child protection agencies are informed if there are any serious incident or injury to, or serious illness of, or the death of any child whilst in our care

Infectious Diseases to be notified to :

- Ofsted
- Health Protection Agency

Rashes to the skin		
Disease	Recommended period to be kept away from playgroup (once child is ill)	Comments
Athletes foot	NONE	
Chickenpox	FOR FIVE DAYS FROM ONSET OF RASH	Chickenpox can affect the pregnancy of a woman who has not diseases. If a pregnant woman is exposed in the early stages o stages, she must go to the GP/ midwife who can do a blood tes see if she is immune.
Cold Sores (Herpes simplex virus)	NONE	Many healthy children and adults excrete this virus at sometir without having a 'sore'
German measles (rubella)	FIVE DAYS FROM ONSET OF RASH	The child is most infectious before the diagnosis is made. Mos children should be immune due to immunisation so that exclusi after the rash appears will prevent very few cases. If a woman who is not immune to rubella is exposed to this inf in early pregnancy her baby may be affected. She should cont GP immediately.
Hand, foot and mouth disease	NONE	Usually a mild diseases not justifying time off.
Impetigo	UNTIL LESIONS ARE CRUSTED OR HEALEI	Antibiotic treatment by mouth may speed healing. If lesions c reliably covered exclusion may be shortened.
Measles	FIVE DAYS FROM ONSET OF RASH	Measles is now rare in the UK.
Molluscum contagious	NONE	A mild condition
Ringworm (Tinea)	NONE	Proper treatment from GP is necessary. Scalp ringworm needs treatment with an antifungal by mouth.
Rosela	NONE	A mild illness caught from well persons
Scabies	UNTIL TREATED	Outbreaks can occasionally occur in nurseries or schools. Child return as soon as properly treated. This should include all hous
Scarlet Fever	FIVE DAYS FROM COMMENCING ANTIBIOTICS	Treatment recommended for the child.
Slapped cheek or Fift Disease (Parvovirus)	NONE	Slapped cheek occasionally, parvovirus can affect an unborn ch a woman is in early stages of pregnancy (before 20 weeks)she promptly see her GP
Warts and verrucae	NONE	Affected children may go swimming but verrucae should be co

Excludable diseases and current exclusion times- As provided for by Department of Health

Respiratory		
Disease	Recommended period to be kept away from playgroup (once child is ill)	Comments
Flu	NONE	Flu is most infectious just before and at the onset of sym
Tuberculosis	Will be advised by hospital/GP	Generally requires quite prolonged, close contact for spre usually spread from children
Whopping Cough	FIVE DAYS FROM COMMENCING ANTIBIOTICS	Treatment (usually erythromycin) is recommended though infectious coughing may still continue for many weeks

Diarrhoea and Vomiting Illnesses		
Disease	Recommended period to be kept away from playgroup (once child is ill)	Comments
Diarrhoea and or vomiting (with or without a specified diagnosis)	UNTIL DIARRHOEA AND VOMITTING HAS SETTLED - 48 HOURS	A longer period of exclusion may be appropriate for childr under 5 years of age unable to manage good levels of pers hygiene
E-coli and Haemolytic Uraemic Syndrome	Depends on type of E-coli -	Seek further asssitance
Glardlasis	UNTIL DIARRHOEA HAS SETTLED - 48 HC	There is a specific antibiotic treatment
Salmonella	UNTIL DIARRHOEA AND VOMITTING HAS SETTLED - 48 HOURS	
Shigella (bacillary dysentery)	UNTIL DIARRHOEA AND VOMITTING HAS SETTLED - 48 HOURS	

Others		
Disease	Recommended period to be kept away fro playgroup (once child is ill)	Comments
Conjunctivitis	NONE	

Glandular fever	NONE	
Headlice	NONE	Treatment is recommended only in cases of where th can be seen
Hepatitis A		Exclusion is justified for five days from onset of jau or stools going pale for under fives.
Meningococcal meningitis/septicaem	Advice for GP/Hospital	There is no reason to exclude siblings and other clos contacts of a case.
Meningitis not due to Meningococcal infection	NONE	Once the child is well infection risk is minimal
Mumps	FIVE DAYS FROM ONSET OF SWOLLEN GLANDS	The child is most infectious before the diagnosis is and most children should be immune due to immunisa
Thread worms	NONE	Transmission is uncommon in schools, but treatment whole family is recommended
Tonsillitis	NONE	There are many causes, but most cases are due to vi and do not need an antibiotic. For one cause, antibio recommended.